IEC: The Power for Change Workshop Report
May 5-10, 1996 - Mombasa, Kenya

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WORKSHOP OVERVIEW

SITE

The CARE Child Survival workshop, IEC: the Power for Change was conducted in Mombasa, Kenya from May 5-10, 1996 at the Nyali Beach Hotel. A total of 10 participants from 5 countries (Bangladesh, Honduras, Kenya, Nicaragua, and Niger), 4 trainers from the CARE-USA Primary Health Care team including Regional Technical Advisors from Africa, Asia and Latin America, 2 observers from the local USAID mission in Kenya and CARE and one reporter attended the workshop.

GOAL

To improve the capacity of the participants to plan, design, implement, assess materials and evaluate Information, Education and Communication (IEC) activities for their Child Survival projects.

LEARNING OBJECTIVES

Learning objectives were designed so that by the end of the workshop, all participants will be able to:

- Understand and apply the Communication Planning Process
- Develop a country-specific IEC Action Plan based on the Communication Planning Process
- Share experiences, lessons learned and reference materials in IEC for Children's Health among participants
- Develop and apply various tools for designing and implementing the IEC plan

METHODOLOGY

Participant project presentations, introduction to the Communication Planning Process and overview, mock indicator exercises for individual steps in the process, development of IEC action plans, and project poster sessions on IEC materials.

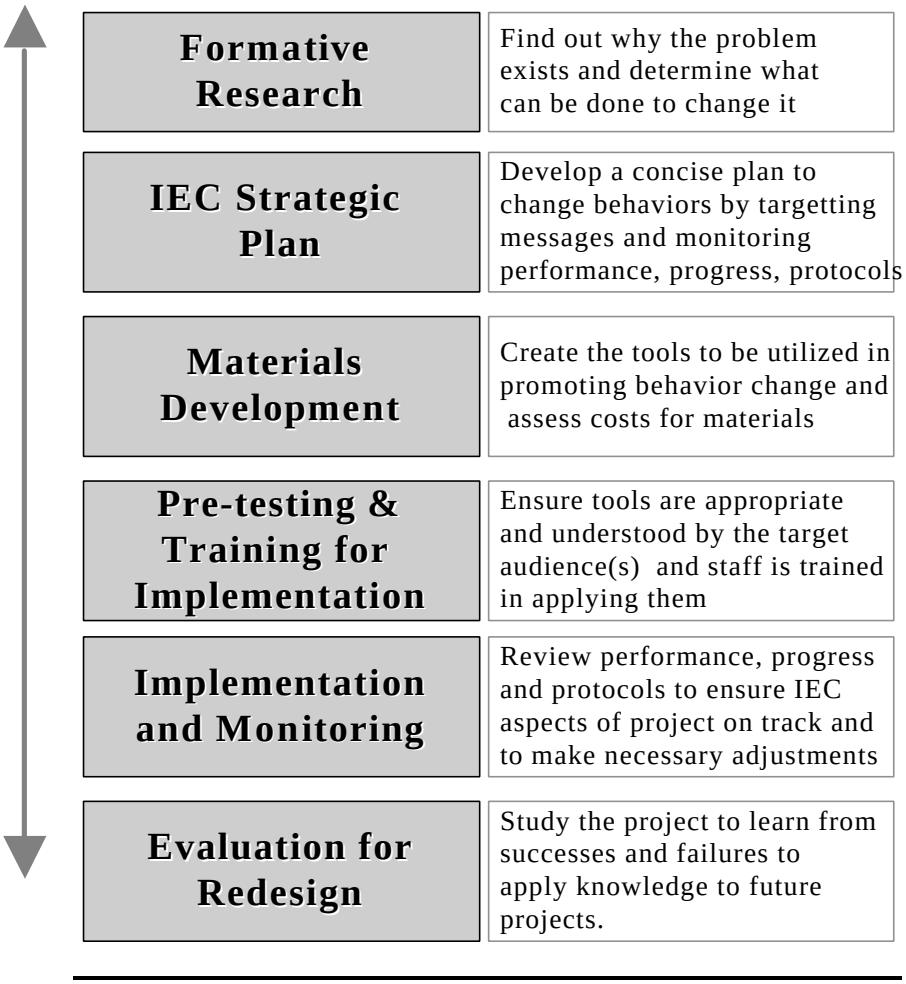
Figure 1: Workshop participants exchange ideas based on their Child Survival experience at the first of a series of annual meetings.

Introduction

The messages that we communicate to our project beneficiaries are the key to the promotion of Child Survival interventions. The Information, Education and Communication: The Power for Change workshop was conducted in order to provide a solid methodical framework and holistic approach to the development of message transmission strategies and materials development. The framework presented is the **communication planning process**. Behavior modification for improved health is the intended outcome for Child Survival projects.

The communication planning process is a sequence of six concise steps requisite to effective project design and verification.[1] The steps are outlined below in figure 2.

Figure 2: Overview of the Communication Planning Process Steps



[1] Many agencies and individuals have contributed to the design of the communication planning process, most notably the P-Process was developed by Population Communication Services/John Hopkins University.

Each of these steps is described in this workshop report. While it is important to understand the parameters of each of these steps, it is emphasized that this framework is a logical yet fluid process to accomplish behavior change goals. In other words, there is much overlap between the distinct process steps.

A talented and diverse group of Child Survival project teams, resource persons and facilitators illustrated the planning process with the Child Survival framework. Each session was lead by a facilitator and captured the state of the art with experience from the resource persons and project staff participants to create a unique understanding of the steps necessary to effectively and efficiently spend the resources available to the Child Survival projects. Participatory activities, expertise and groups were utilized throughout the workshop.

The schematic in figure 3 outlines the connection between the communication planning process with the Child Survival project timeframe. It is important to note the overlap and gaps between CS and IEC steps. For example, project management should begin implementing the formative research step as they are completing the KPC baseline survey.

Why we don't always carry out all these steps

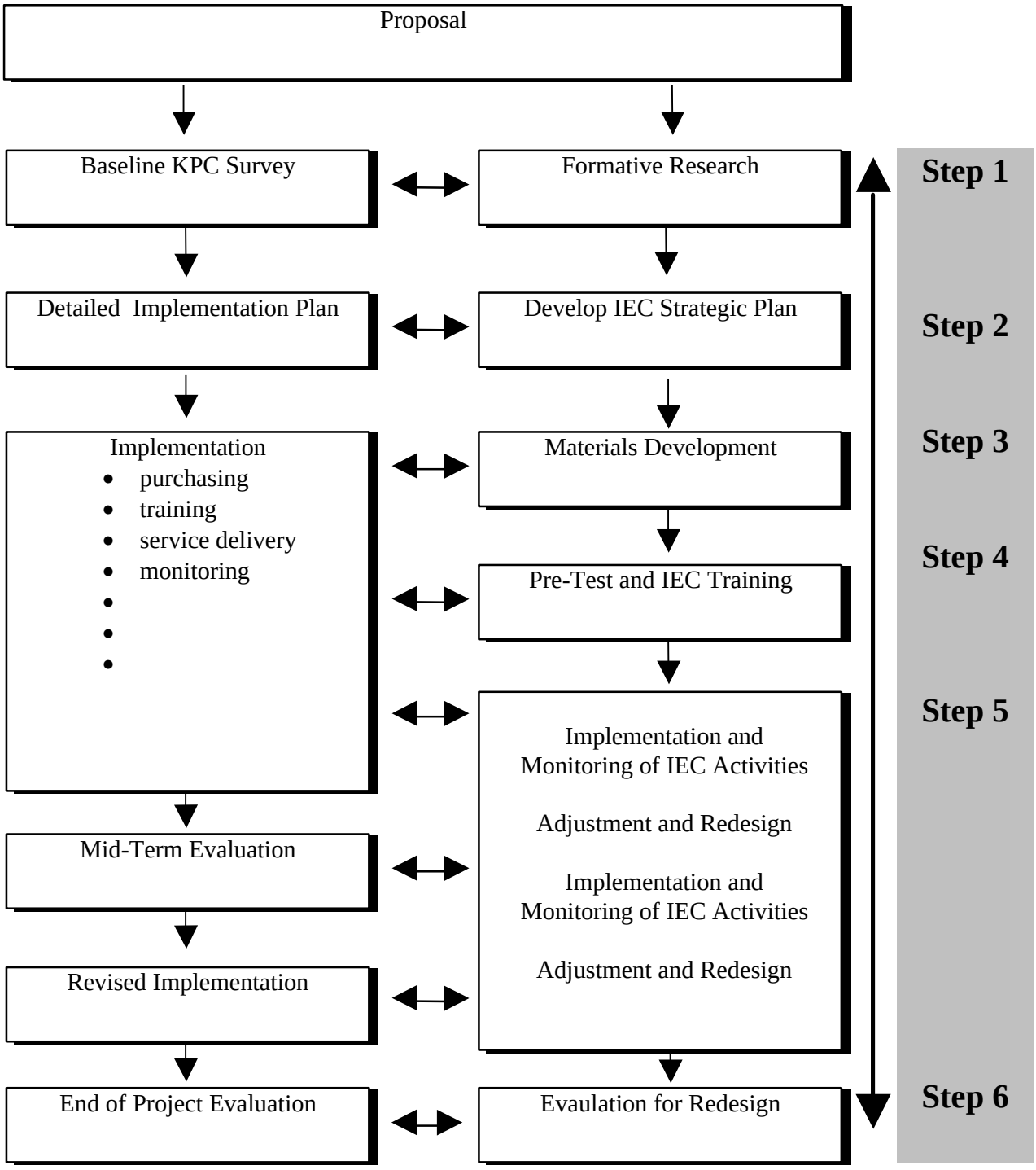
The participants were asked why they do not normally implement all the steps of the communication planning process. They answered:

- Time/deadlines to show accomplishments/pressure
- Cost of pre-testing
- Not always necessary to do formative research; already familiar with target population
- Staff unaware of process, relatively new concept
- Some materials already exist, don't need to start from the beginning
- Difficulty identifying incountry expertise in IEC

In addition to learning the communication planning process, project teams were assigned to review what has been done to date within each step and to identify what remains to be done. By the end of the workshop each team synthesized the information from the workshop and presented a 5-month workplan to put their projects onto the communication planning process. These plans are shared in the report and will be investigated by the workshop evaluator in October 1996.

This report captures the applied learnings of important IEC steps along with a selective narrative history. This report is designed to allow readers to understand both the technical aspects of the communication process and insight into the sharing of ideas workshop participants brought to the workshop.

Figure 3: Child Survival Project and Communication Planning Process Cycles Comparison



Model by Jim Becht

AN INTRODUCTION TO IEC

Facilitator: David Hausner, Regional Technical Advisor to Asia

Objectives: To analyze context of health problems, develop a working definition of IEC, review the elements of behavior change, and discuss how to use IEC in Child Survival projects.

Methodology: Lecture, full group discussion, and small group work.

The Context of Health Problems

Health problems can be the result of poverty, politics, religious conflicts, access to services and supplies, quality of services and supplies, lack of transporation, lack of adequate clean water, war, natural disasters, gender inequalities and/or individual behavior. By analyzing a health problem using the framework below, we can learn where behaviors do play a part, and where other factors are more directly related to the health problem than behaviors:

INTRAPERSONAL LEVEL: personal beliefs, knowledge, perceptions, attitudes, and motivations that come from within the individual. For example: What a mother herself knows or believes about hygiene, treatment of diarrhea, use of ORS, breastfeeding, etc.

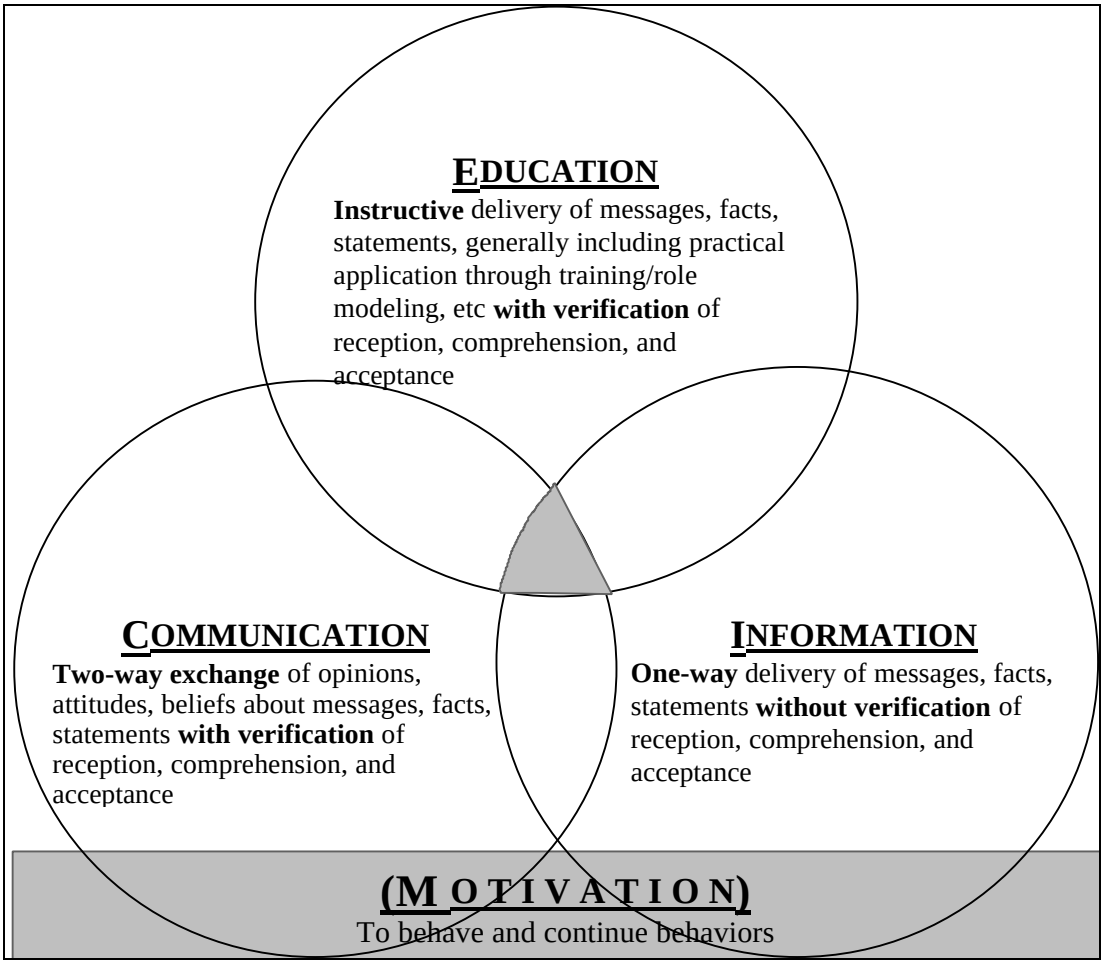
INTERPERSONAL LEVEL: the beliefs, perceptions, attitudes, and motivations or other people such as parents, spouse, friends, neighbors, community leaders,etc. that influence the health problem of individuals. For example: what the others such as grandparents tell the mother to do for diarrhea, hygiene, using ORS, breastfeeding, etc. These others influence the mother because of their roles in relation to the mother.

COMMUNITY LEVEL: the social and economic status one has in a community, the community norms, beliefs, perceptions, attitudes, and motivations. For example: if the mother's social and economic status is low in the community, the health workers may not treat her very well. She may not get the necessary help or information to help her sick child. She may also be too poor to pay for services or supplies. If the community norms are very different from information she does receive, she may be influenced away from the health recommendations to save her child.

ORGANIZATIONAL LEVEL: access to, and availability of quality supplies and services. For example: If the nearest clean water source is several km away, and fuel for boiling the water may be too expensive. The nearest health worker may be very far away, and if she can reach her, the quality of the service may not be very good, etc.

POLICY LEVEL: rules, regulations, and laws from all levels of government and society. For example: there may be no transportation to the nearest health service center because local policy makers did not enforce the regulations, or did not pass regulations to enable buses to reach every village. Local laws may also prohibit the sale or distribution of any ORS packet except the government's package.

Figure 4: Working Definition of IEC



What IEC Does

- Gives accurate, clear, simple information
- Delivers this information through training, role modeling, etc. with verification of reception, comprehension and acceptance
- Listens and learns from clients as it imparts information - to understand their values, attitudes, personal/family and community situations
- Motivates people to take appropriate actions within the context of their personal life

These elements are all necessary for an effective IEC strategy. It is practically impossible to communicate by using a "stand alone" element of IEC. For example, some inferior IEC campaigns have failed to incorporate two-way communication and instruction. A classic point is a poster that stands alone on a wall. Posters are an example of one-way communication IEC materials that do not allow and exchange of ideas with target audience. The message is not always understood, little may be done to verify whether or not poster has had an effect.

The collective nature of the four elements of Information, Education and Communication (plus the underlining force of motivation) is illustrated in the case of a woman who is taught how to prepare ORS and ... The question is would she prepare ORS when her baby had a ... obably not if the message was delivered one-way; however, ... with someone she trusted and was able to discuss access a... oman could choose to act, then we are effective. This is our ...

PROMOTING BEHAVIOR CHANGE ... **APPLY NEW BEHAVIORS**

Beh... improve healt... timate goal o... ions of C... ms. We promo... eeding within ... after ... like mothers to have their children f... he ... h families to give ORS to their bal... of ... a: we motivate families to keep th... o ... garbage and water. In order ... r ... messages and campaigns are d... e ... ate people t...

Diss... mation is r... pursuit of ... ividuals to change their habits which ... In order to better understand how such motivation can be ... helpful to become familiar with the five elements of behavi... are the basic components of human behavior/human cond...

...ale Elemen... ...edge
...l Elemen... ...f Risk, Se...
...lement: Ide... eeded, Co...
...l Element: Organizing Social Sup...
...ement: Accessing Socio-Economi...

...LISH GOALS

...ps into most project components; how... trily th... effective approach ... ain problems a p... ress. Think ... one of a collecti... possession of ... manager. Figure 5 shows how IEC influen... project.

What IEC can do	What IEC cannot do
• Build Knowledge: what is it, w... why, how much (time/cost)	...blems of geographical access
• Change Beliefs, attitudes: va... characteristics, cultural appea...	...me where other, "more pressing" ...pose
• Enhance Quality of services: h... relations skills of service provide...	...t real costs where they must be ...ed
• Promote Advocacy: to make/improve ... among government and donors	...egislate or regulate

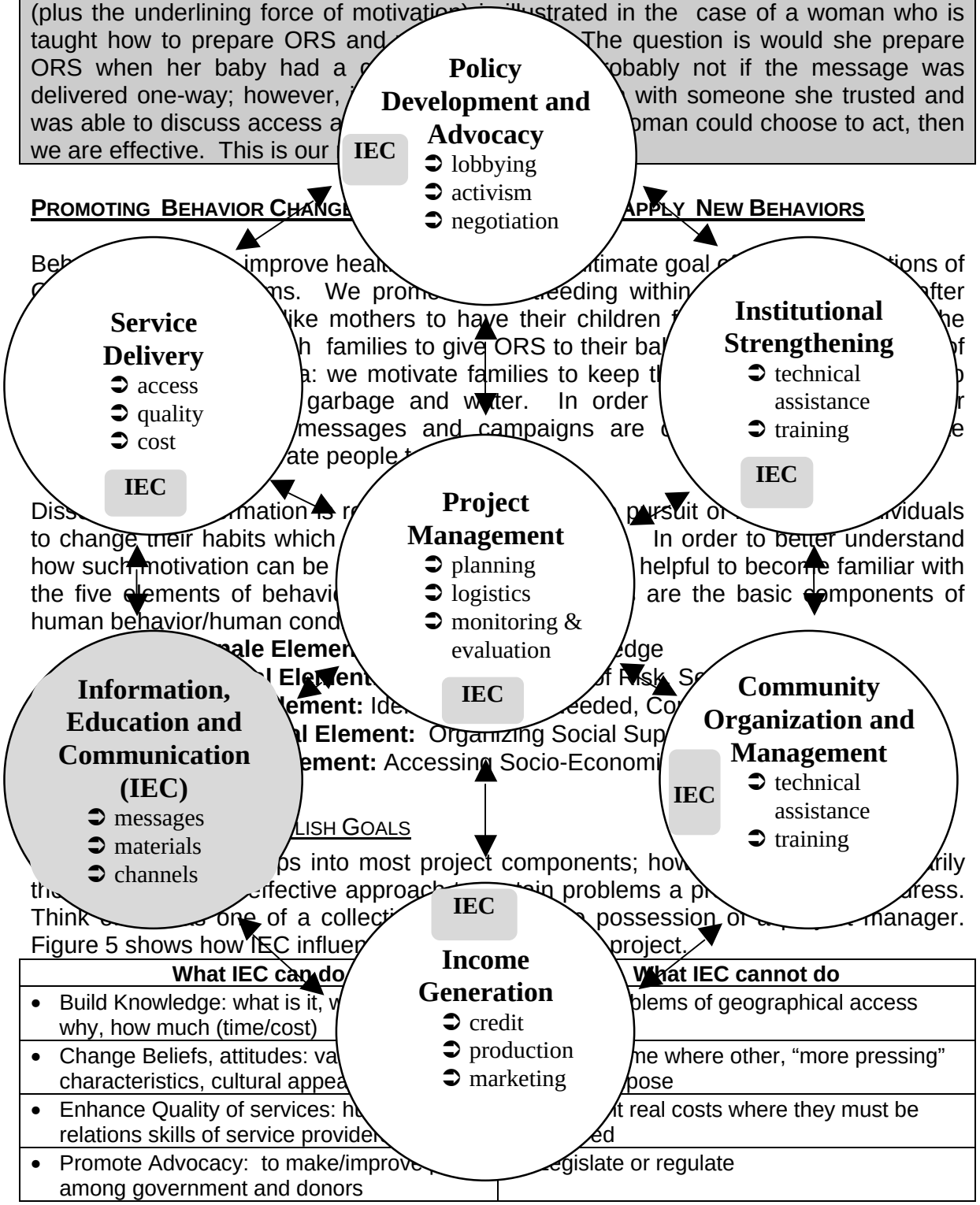


Figure 5: Distinguishing IEC's Role with Project Components

STEP ONE: FORMATIVE RESEARCH

Facilitator: Marydean Purves, Regional Technical Advisor to West and Southern Africa

Overview: Treat the elements of formative research in the context of a health communication program:

- behavior and communications research
- communication channels definitions and inventory
- resource assessment
- partnership potential
- professional experience assessment, training needs

Methodology: Question & Answer, mini-lecture with flip chart, small group work by country with flip charts, plenary work with flip chart.

Definition of Formative Research: Collect and organize all pertinent information about the target group and its environment before making any strategic decisions. One participant defined this step as the one time to gather informaton on everything to do with the target population and desired behaviors as appropriate to strategize the project's approach.

Elements:

1. **Behavior and communication research**
2. **Communication channels definitions and inventories**
3. **Resource assessment**
4. **Partnership potential**
5. **Professional experiences assessment, training needs**

CHILD SURVIVAL CASE STUDIES: Break out groups: Project teams shared a research method used in their project and discussed what was good and bad about the experiences, and what they will do with the results.

Niger: Baseline survey pointed out low exclusive breastfeeding but did not give information about why the practice was not being done. Project then conducted focus group discussions which brought out the barriers to breastfeeding but not the solutions. Project staff are currently reviewing the results of the FGDs and reviewing existing documentation to seek and apply lessons learned from other projects to develop effective messages.

Honduras: Participatory problem analysis methodology was selected to focus quantitative data from the baseline and gain community input and ownership. The advantage of this method was that it established community ownership of the research. The disadvantage was the long process that had many participants and was difficult to

control. Results of the analysis are being used for the project's detailed implementation plan and operations plans.

Bangladesh: Participatory Research Appraisal methodology was used to identify barriers to family planning and potential partners for Child-to-Child activities. The advantage of this method was that information came from many sources. The disadvantage was the long process and higher skill required for managing this method. Results being used to provide solid indicators.

Nicaragua - Rapid Food Security Assessment/focus group discussions were conducted in Nicaragua. These methods were used at the recommendation of a consultant and the technical Food Security group at CARE. The advantage of this method was it built project staff's understanding of the causes of food security in the area and they learned a new research methodology. The disadvantage was that the process was time consuming. Results are currently being analyzed.

Managing The Method

Particpatory Research Appraisal (PRA) is an excellent tool for community participation and ownership. However, researchers are advised to be clear with the community what the project can and cannot do so that the results are relevant to the proposed project. The Honduras project used participatory action reasearch to identify community health needs for a project whose interventions were already determined. Project referred community to other agencies to address other health needs (health board). It is important to remember that formative research is conducted to better understand which approach to take and not to identify the problems.

1. Behavior and Communication Research

Methods for collecting behavior and communications research (group brainstorm):

baseline/KPC surveys
situation analysis
focus group discussions (FGD)
interviews:
⇒ individual in-depth interviews
⇒ exit interviews at site
observation
documentation review
ethnographic profiles (the day in the life of...)
social network mapping
participatory problem analysis

- action research

Figure 6: Examples of Research Communication Methods

Method	Type of data collected	Cost	Time for prep. and execution	Personnel needed	Advantages/ disadvantage

Focus group discussions (FGDs)	**Qualitative** Principle tendancy towards feelings, beliefs and attitudes of a homogeneous group on a product, practices and ideas	Depends on number of meetings of necessary groups and financial requirements to bring participants to meetings Cost of discussion leader/transport -ation Small-scale production of materials	Relatively rapid results	Qualified group leaders	➲ The group becomes its own facilitator of free expression ➲ Develops numerous ideas regarding the reasons why products are appreciated or not ➲ Gives body to a hypothesis that can be verified through surveys ➲ Results do not necessarily applicable of total population. ➲ Can be false if the respondents do not understand the questions, do not respond or who respond in the manner to please surveyor.
Household survey (KPC 30 cluster survey)	**Quantitative** What proportion of the project population holds a particular belief or practice	May requires a 300 respondents surveyed to be statistically significant Modest cost	A couple of months: ➲ Conceive questionnaire ➲ pre-test survey ➲ train personnel ➲ collect data ➲ analyze data ➲ report on results ➲ use results	Qualified surveyor Field workers	➲ Necessary to verify hypothetical issues of qualitative research ➲ Used for periodic evaluation of new knowledge and practice changes ➲ Can be false if the respondents do not understand the questions, do not respond or who respond in the manner to please surveyor.
Observation	**Qualitative** Determine practices, realities, and identify obstacles to desired tasks	Transportation Repeated measures required by field workers	Rapid results	Field workers Qualified observers Participating observers	➲ Unreliable if observation is not structured (if the indicators are not rigorously defined) ➲ Helpful in determining the reach of a given practice or product and if information materials or training are necessary to support a given practice. ➲ Use also used for surveillance.

2. Communication Channels Definitions and Inventories

Researching the possibilities of channels by which IEC can be disseminated to the target population is a key area of the formative research stage. It is important to take inventory of all means of communications e.g. existance of newspapers, radios, televisions, prevalence of theatre, special social events, sites of public gatherings, etc. Once this information is gathered, project management should begin analyzing whether or not these channels could be manipulated to reach the target population. For example, newspapers may be prevalent in a given country, but if the target population is illiterate, printed information may not be an appropriate channel. The final criteria in the selection of a material is that it is accessible to the target group and acceptable, culturally relevant and credible to the surrounding population.

COMMUNICATION CHANNELS FOR IEC

How can you get people to listen to you?
By choosing the right channels and medias. Often times projects are pushed to produce leaflets because they think they are the most cost effective. Formative research should include a review of potential channels and medias for reaching your target audience. Does the material you planned for have an appropriate channel? For example, have you produced a video for an audience who has little access to VCR?

Primary channels are electronic, print/graphic display, interpersonal and live entertainment. The table below helps us to classify common channels, medias and materials found in IEC components.

CHANNEL	MEDIA	MATERIAL
Electronic	➲ TV ➲ Radio ➲ Audio ➲ Video ➲ Internet ➲ Public Address System	➲ Films ➲ Audio programs ➲ Cassettes ➲ Web sites ➲ PA announcements
Print/Graphic Display	➲ Newspaper ➲ Newsletter ➲ Graphic Display	➲ Articles, Adverts, Promotionals ➲ Articles, pictures ➲ Posters, Flip Charts, Bumper Stickers, etc.
Interpersonal	➲ One to one communication ➲ One to group communication	➲ Guides/Modules
Live Entertainment	➲ Theater ➲ Musical ➲ Concerts ➲ Folk Media	➲ Scripts ➲ Props ➲ Scores ➲ 3-D models ➲ Flip Chart ➲ Puppets

3. Resource Assessment

What does it take? Investigate resources available. Three categories to investigate: 1) Human: staff, community, leaders; 2) Material: raw materials, equipment; and, 3) Structural: space for meeting, other institutions, community structures

4. Partnership Potential

How do you use these people, roles, responsibilities, willingness, level of involvement, decision-making power (equal voice?), financial implications. Donor, if applicable, know what they can and will use.

5. Professional Experience Assessment and Training Needs

This aspect of formative research includes investigation of technical, management, and interpersonal elements of the project. Does the project have anybody with skills in IEC training and materials development? This is where you assess your inhouse capabilities.

Figure 7: Characteristics of Different Medias/Materials

Channel/ Media	Direction	Coverage	Focus	Adaptability	Cost
Television	One-way	Can reach very large audiences simultaneously, provided that electricity and television monitors are available	Because of broad scope primarily used to provide general information/news/ entertainment to large audiences. In developed countries where many channels available may be used for specific interest groups ("narrow cast") where few channels available smaller interest groups can be reached at special hours - usually non-peak viewing time.	Not adaptable	Production facilities expensive to install and operate.
Radio	Primarily used one-way	Can reach very large audiences simultaneously if sets and batteries are available.	Primarily general information/news/ entertainment as above. Information can be more specialized where many bands and local radio stations exist.	Not adaptable but can be modified	Production facilities expensive to install and operate
Film	One-way	Can reach Medium-sized audiences depending on availability of projection facilities (cinema halls, outdoor screening with audio-visual vans, etc.)	Can be used/made for general or specialized audiences	Not adaptable	Expensive to buy and operate
Video	Can be used interactively	For broadcast or "home" viewing i.e. small or very large audiences. Needs electricity	General or very specific topics	Adaptable	Initial outlay very variable according to quality of production desired
Slides, Slide/Sound	Can be used effectively in interactive situation-discussion groups, etc.	Small groups and individuals. Projector can be operated on electricity or battery.	General or specific topics	Adaptable	Relatively cheap to buy and operate
Print Materials	One-way	Actual consumption primarily on individual basis although many individuals may receive copies of a given item simultaneously	Specific technical information/news/information	Not adaptable	Relatively expensive
Human beings	Two-way	Groups or other individuals	Good for specific, complex intimate information exchange	Adaptable	Cost factors include training, equipment, transportation, etc.

STEP TWO: DESIGNING THE IEC STRATEGIC PLAN

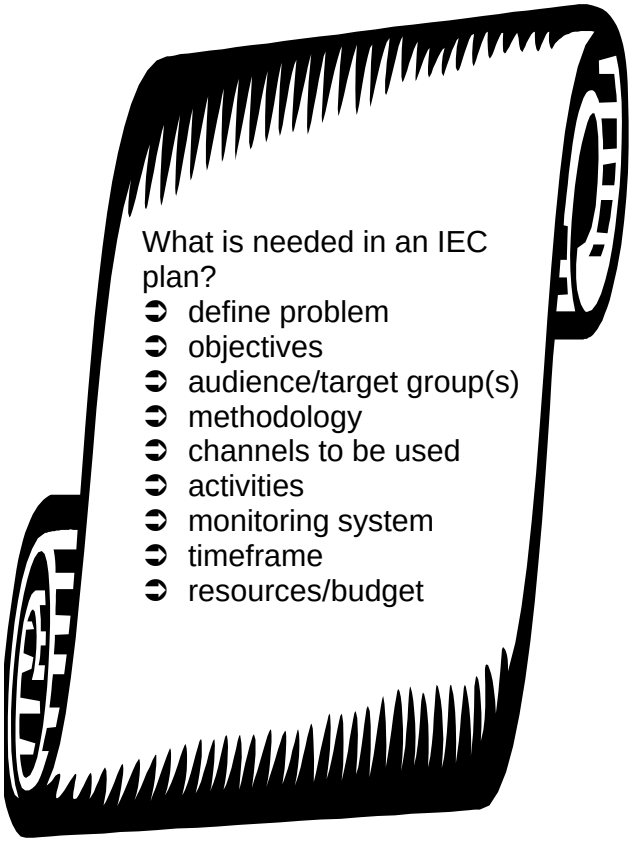
Facilitator: Jim Becht, Regional Technical Advisor to Latin America

Session Objective:

1. Participants will develop a model IEC plan for three Child Survival interventions.
2. Participants will determine the kind of formative research required to formulate an effective IEC strategic plan.

Methodology: Overview of plan elements, overview of Child Survival and IEC cycles, brainstorm planning elements and illustrations, small group exercise and report back for developing mock IEC plan based on one of the following four interventions:

- Early initiation of breastfeeding
- Measles immunization prior to 12 months
- Administration of ORT for diarrhea
- Use of modern contraceptives



BASIC ELEMENTS OF A STRATEGIC PLAN

Strategy (Integration)

- ➲ Identify target groups
  - ∗ primary targets
  - ∗ persons influencing primary targets
- ➲ Determine desired behaviors
- ➲ Formulate precise messages
- ➲ Choose appropriate approach
  - ∗ what is the pitch? (motivation)
  - ∗ what is the setting? (situation)
  - ∗ what are the channel(s) and materials?
- ➲ Define communication objectives

Required Resources and Support: (Coordination)

- ➲ Roles and responsibilities (CARE and partners)
- ➲ Training (for IEC)
- ➲ Information systems for monitoring and evaluation (of IEC)
- ➲ Schedule of activities (timeline)
- ➲ Budget (for IEC)
- ➲ Sustainability (of IEC activities)

1. Identify Target Audiences Based on

Formative Research

Primary Audience

- Who is most affected by the health problem? (age, socio-economic status, sex, language, children [sex, age, number], education, contact with health system, user/nonuser, access to products, social norms, use of alternative communication channels)
- Which group would benefit most from behavior change?
- Which group might be most responsive to the behavior? (Where is the group in the stages of behavior adoption?)

Secondary Audience (may have more than one influencing group)

- Who are allies that might also use the message?
- Who might influence the primary audience to listen and respond to messages?
- Who might act as a gatekeeper of information or determine primary audience from trying or adopting new behavior?

2. Determine Desired Behaviors

Assess current technologies and national health protocols. Key references to consult include recommended resources in the Child Survival Detailed Implementation Guidelines, World Health Organization, and UNICEF's Facts for Life.

3. Formulate Precise Messages

Messages should be clearly stated and directly relate to desired behaviors. Ensure that the language used is culturally appropriate and understood. Be careful not to put more than one desired behavior in each message and be aware of how many messages being communicated to the target population at once.

4. Choose Appropriate Approach

Decisions are made about messages and approach based on information collected in the formative research stage. The IEC approach describes the particular pitch, setting, channels and materials to use for each message and target audience.

Pitch: Which emotions, appeal, and motivation approach will strategy take?

Pitch		Example
Fear	⇨	Danger: Your baby will die of dehydration if you don't know how to prepare ORS
Sentiment	⇨	Love: Give your baby colestrum to protect him from infections
Humor	⇨	Self-mocking: I can't know everything about sickness. I should go see my local health clinic for advise.
Logic	⇨	Cause/Effect: Training for trained TBAs on the health benefits of colestrum based on case studies in neighboring country
Value-based	⇨	Religious principles: It is your duty to have healthy babies by spacing them.
Persuasion	⇨	Peer pressure: Successful Mr. X accompanies his wife to family planning consultations.

Setting: Situation, where will the target groups receive the message?

- ◎ Market place
- ◎ Church
- ◎ Clinic
- ◎ School
- ◎ Sporting events
- ◎ Home
- ◎ Workplace
- ◎ Village well
- ◎ Etc.

Channels: How will the message reach the target groups?

- ◎ Electronic
- ◎ Print/Graphic Display
- ◎ Interpersonal
- ◎ Live Entertainment

5. Define Communication Objectives

The objectives for the IEC program, like all Child Survival objectives must be SMART (Specific, Measurable, Attainable, Realistic, and Time-bound). The communication objectives are equivalent to the output targets for IEC activities. Proposed objectives for change in knowledge, practices and coverage (KPC) are stated in terms of "key indicators" for the Child Survival project as a whole.

IEC Strategic Planning Exercise

The framework in Figure 9 was introduced to the project teams to assist them in forming their strategic IEC action plan. This framework includes the identification of the target groups, expression of desired behaviors, creation of actual messages, indication of pitch, setting, channels, and materials, and a statement of communication objectives/IEC outputs.

Figure 8 Model Planning Exercise - AIDS/STD Education and Prevention

Intervention	AIDS/STD Education and Prevention

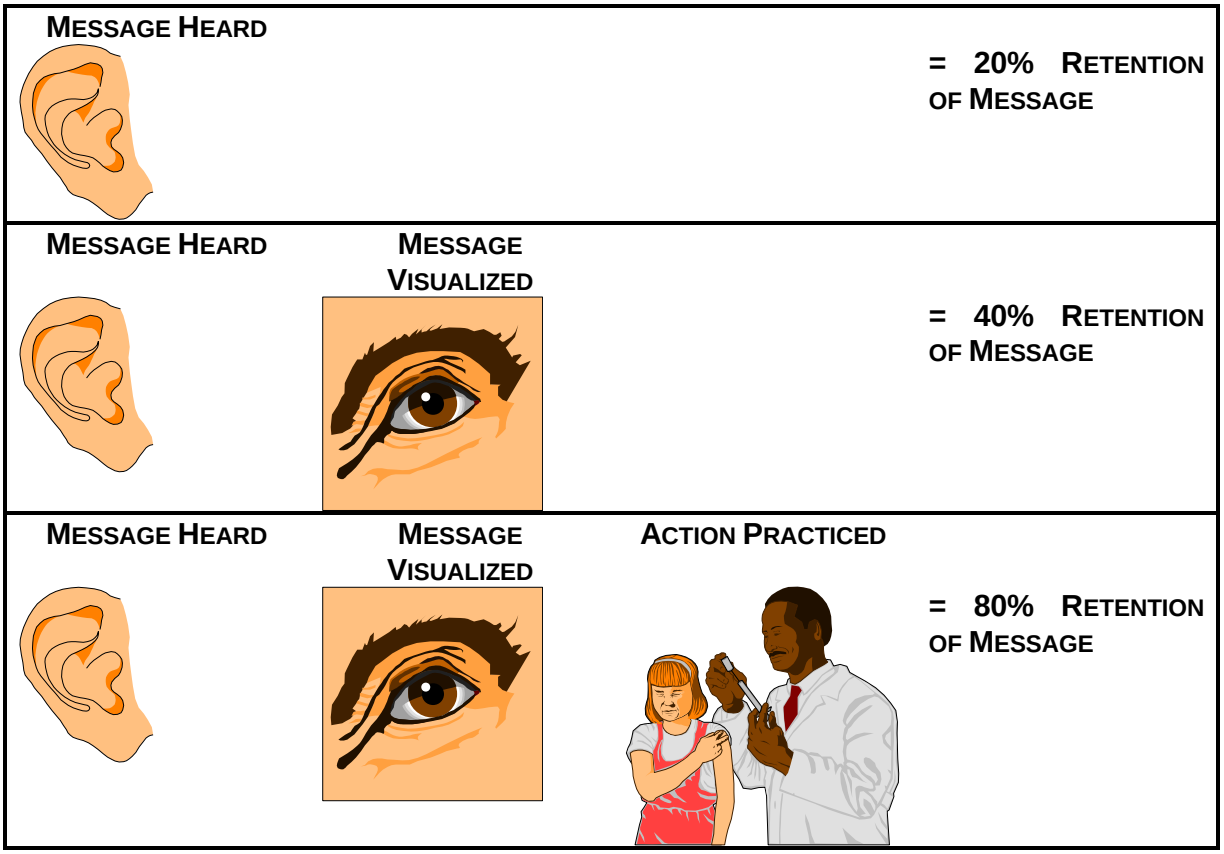
Intervention Objectives	**By year three, 20% of males, 12-19 years old will report using a condom during the most recent act o sexual intercourse. (Baseline 3%)**	
Target Groups	Primary: Adolescent boys and young men, 12-19 years.	Influencing: Adolescent girls and young women, 12-19 years.
Desired Behavior	Boys/men will use condoms during sexual intercourse.	Girls/women will refuse sex without condoms.
Message	Safe sex with condoms prevents AIDS and STDs.	Protect yourself and your baby from AIDS by using condoms.
Approach: Pitch	Responsible men protect themselves and their women.	You and your future family are more important than agreeing to unsafe sex now.
Approach Setting	Local football/soccer clubs during practice sessions. Half-time during weekly matches.	After school discussion with groups, combined with income generating skills training.
Approach: Channel(s)	Interpersonal and electronic. Live entertainment: mock football matches.	Interpersonal and print
Approach: Materials	Video tape; guides for counseling. Costumes, "big heads" and audio scripts.	Discussion guides and pamphlets for peer educators.
Communication Objective(s): IEC Outputs	# players attending video discussions % comprehension. # AIDS-ball matches; % comprehension.	# groups; # participants; % comprehension; % positive attitude.

Participants and observers broke into four small groups to work on a pre-determined intervention IEC action plan. These groups continued to work together on the same communication project throughout the workshop. The results of their work are presented in Appendix IV.

Conclusions/Discussion Points:

- Strategies are culturally specific, especially for the influential target groups. Some approaches work better than others for different populations.
- Strategies need to be creative, yet efficient and effective. Having a puppet show is quite fun and creative but its sustainability and cost must be considered.
- All materials need not be used for all situations. Mix and match as available for different audiences.
- Reach and frequency! If messages are heard via multiple channels and media, they are more successful than if heard through only one media. (See figure 10 for an illustration of this point).
- Communication objectives are what we can monitor to determine the IEC component's contribution to the alleviation of the problem. They should be set as close to the desired behavior change as possible; however, be careful about attempting to over-evaluate a project.

Figure 9: Increasing the Scope of Transmission of Messages for Effective Communication



STEP THREE: MATERIALS DEVELOPMENT

Facilitator: David Newberry, Senior Public Health Advisor

Methodology: Project materials presentation and discussion and materials development presentation and guidelines.

PROJECT PRESENTATIONS

This session began with project teams presenting an IEC product or material already developed for or adapted to their project. Each team discussed how they decided on that particular product or material. The procedure followed the logic flow from idea development to final production, and specified who participated and at what stages.

Bangladesh: Case study for Child to Child Game

Background: Health education for the control of diarrhea disease has not been very effective. Midterm evaluation findings of the CS VIII project strongly recommended that the project try innovative methods for CDD. Based on lessons learned from other CARE Bangladesh health projects, children can be effective agents for behavior change. A ladders game was adopted by the project to teach good hygiene practices.

Process: 1) Baseline qualitative assessment; 2) review of existing communication materials with MOH counterpart; 3) focus group discussions with community/relevant elements for own behavior; 4) first generation of materials developed; 5) pre-test among children; 6) adjust materials to items known in the area (snake discovered to not be an appropriate symbol in the game and changed to crocodile as they are better known with the target audience); 7) adjustment and re-test of second generation IEC material; 8) final review and readjustment.

Who participated and at what stage:

- Project staff (throughout)
- MOHFW counterparts (at later stage)
- Community

Problems and constraints (MAJOR ONES ONLY)

- Long and technical process - one year process
- Level of interest of counterparts
- Skills of project staff - especially facilitation skills to work with children and community

Output

The material is now with children's groups in villages and with MOHFW counterpart. The MOHFW counterpart has seen benefits of materials and will adopt it! Donors and national level counterparts visited project sites have made recommendations to also adopt the game. Children are playing and enjoying the game, health workers and

community volunteers use it, MOHFW & UNICEF will produce materials on larger scale. One key to sustainability is government adaption of the game.

Q & A Session:

- Cost of game at this production phase (hand-made) is about $10.00. If printed, would be much less.
- Development costs: Costs are hidden in personnel time. Uncertain total but suspected to be considerable.
- Why decide on a game? Initial visits were done with a flip chart which the community did not find very interesting. Through formative research, learned that children love to play games - with interaction of a trained volunteer can build complexity into the game.
- How often do children play the game? Game is played in conjunction with a larger health program. It comes to project communities twice per month. Not a stand alone material.

Nicaragua: Case Study of Adapted IEC Materials

Due to large availability of materials already produced and lack of funds to produce new maerials, this project is adapting materials from existing pool of health promotion materials. The project staff spent five months working with MOH and other counterparts to reach the point of realizing that they needed an informational booklet accompanied with a poster to address hygiene, diarrhea, ARI, breastfeeding and immunizations. Staff worked closely with MOH and participants in the materials preparation process. MOH concerned that NGOs were delivering inconsistent messages and urged the project to adapt existing materials.

Process, from idea to final products:

- Workshop about what the project would be
- Went to NGOs and MOH to research their existing materials
- Selected cheapest production option, booklet @ 40 cents each (cost major determinant)
- Laminated chart of simple messages
- Pre-tested by other organizations

Niger: Case Study for Storybook and Video

Niger developed a family planning storybook and later an accompanying video. Staff concentrated on adapting existing materials instead of producing new materials. They worked in collaboration with MOH, INTRAH and community health workers. INTRAH materials were adapted to the local context. A barrier to this method was illiterate staff. Attempts were made to get them to memorize the story but it was unsuccessful. As a result, the story was placed on audio cassette and broadcasted on national radio. Workers listen to cassette recordings of broadcast to familiarize themselves with the story and prepare themselves for presentations. More recently, the story has been captured on video and shown at village health centers and taken to some villages.

This material is believed to be sustainable because the society's oral tradition allows the story to be incorporated into storytellers repertoires and passed on to future generations. Efforts were made to tailor the message to be socially acceptable. For example, the story does not argue against desired family size but encoures the spacing of children in order to ensure that each child is healthy and strong.

MATERIAL DEVELOPMENT

How do we develop the material/production? This is the "putting pen to paper" step following completion of the formative research and strategic planning steps. By now we know: 1) what our message is; 2) how it can reach our target population; 3) which channels and mediums we will use; and, 4) how we will implement our activities.

The output of the material development step is to produce a layout, a first version, and to plan the sequence of production. There are two important sides to this process: 1) creative side, and 2) management side. The three phases of material development are listed below to assist the managerial aspects of the IEC materials production process:

➲ **Pre-Production Steps**
- Assign production manager
- Develop a schedule
- Write a script/conceptualize script and visuals (storyboard)
- Planning for production, logistics
- Rehearsal/Props, equipment
- Get input to ensure effective message

Time and money usually determine the number of drafts and revisions.

➲ **Production**
- Production mechanism
- Quality assurance of materials
- Sequence of production operations

➲ **Post-Production/ Pre-testing**
- Distribution channels
- User's guide
- Training for Implementation of IEC activities
- Storage facility

Each of the four ongoing small groups developed a material development schedule for their intervention-specific objective. The task was to select one material to produce or adapt and to develop the material production process. Please see Annex IV for a highlight of their presentations.

TROUBLESHOOTING, WORKING WITH ARTISTS/CONTRACTORS, LESSONS LEARNED IN MATERIALS PRODUCTION

Guest Presenter: Michelle Folsom, USAID/Kenya

Cumulative of formative research: By now you know...

- **...Who** your audience is
- **...What** your message is
- **...Why** you are delivering the message
- **...How** you will deliver the message (Channel and Context)
- **...Where** you will deliver your message
- **...When** it is appropriate to deliver your message

Pre-Production Stage

Hiring Artists: When recruiting an artist, you should look for talent, reliability, innovation and style. The person should ideally have related experience (and at a minimum be supportive of the organization's work) and can be relied on to deliver. It is also important to make sure that the artist is accessible for modifications and redesign. Be sure to review the artist's profile to gain a better understanding of his/her skill and style.

Briefing with the Artist: You must always remember that you are the expert on what you want your material to deliver and the one who has done all the formative research and knows the target audience(s). The first step is to share the results of the formative research with artist: discuss audience characteristics, the message and how it should motivate the audience to behave. Other background information, such as desired tone and pitch should also be shared. Next you will need to fix a schedule and discuss the deliverables (expectations and terms). Inform the artist of resources available to produce the materials. Do not assume anything with the artist. As the manager, you must review process and check-in with the artist **frequently** to ensure the best product.

DISCUSSION ON EXPERIENCES & LESSONS LEARNED IN MATERIALS PRODUCTION

Niger developed an AIDS project proposal on an eight minute video production to diversify its approach to donors. The staff identified a producer who claimed to have experience to produce a video master. They gave the producer the storyboard and sent him to work. Each time the project staff checked with the producer about progress on the video, he put them off claiming that everything was fine and the video would be ready for review by the deadline.

When the video was delivered the result was an inferior product that did not serve its purpose. The main lesson is that material production is a COLLABORATIVE PROCESS. It is crucial that a staff person track the assignment from beginning to end and work closely with the artist.

SOME GENERAL CRITERIA FOR DEVELOPING/PRODUCING MATERIALS

1. Always develop a descriptive schematic.

Even before drawing a poster, writing the actual lines of a script or drawing up a game, you should write a narrative for yourself of what will actually be on the poster, in the script, done with the game.

2. Coordinate the text with the images in the form of a storyboard.

If you produce a theater show, a radio soap opera, a TV/Video film, the message sequence should be illustrated scene by scene in order to be able to visualize every aspect of the piece; even radio.

3. Maintain the balance between the educative and artistic aspects.

Don't sacrifice the message to the design; but neither should you settle for poor aesthetics and workmanship.

4. Calculate the costs and time for production realistically.

Materials production costs are often under-estimated, resulting in adjustments to quantity or quality. Generally expect to be over budget by 10-15%. In addition, the production calendar should be padded by several weeks for delays.

5. Carefully calculate quantities and durability of your materials.

Quantities for your materials vary of course, depending on your population, the type of material, and the venues for distribution. Some rules of thumb:

- A brochure may pass through the hands of at least 10 persons in the course of its "life".
- A poster is seen by everyone, but once it is studied, people only notice it again in passing. Depending on the environment, a single poster has a "lifespan" of 0 to 12 months before it starts to physically deteriorate.
- Video and audio cassettes, depending on the environmental conditions, retain their quality or about 18 to 24 months. You should try to estimate the number of times a video or audio cassette will be played.
- Laminated photos or pictures are used in small groups of up to 10 at one time. However, the same group may choose to examine the same photos over and over again, depending on the themes to bring out.
- Try to provide two copies of the same video for each fixed projection site. Videos are generally seen by very large groups at one sitting, which isn't always very effective unless you are using a video projector.

More technical guidelines specific to electronic and live entertainment, and effective visual aids are given in figure 11 "Technical Notes on Materials Production".

Figure 10: Technical Notes on Materials Production

TECHNICAL NOTE ONE: Electronic and Live Entertainment Channels (Songs, Theatre, TV/Radio, Soap Operas, Etc..)

1. Create an ensemble of strong and credible characters that different members of the spectator public can identify with; for example a faithful wife, a thoughtful husband, or a man who mistreats his family, children who are more modern than their old-fashioned parents, etc.
2. Choose a key character (protagonist) who will change his/her behavior throughout the course of the action. These changes will serve as the theme through the episode(s).
3. Don't forget a note of farcical humor or gentle mocking of certain traditional behaviors that are outmoded or modern behaviors that are a bit overdone...superstituions, habits, etc.
4. Give your spectators the opportunity to tell you what they think of the production and message. In some cases, letters could be requested, radio call-in programs, reader letters columns, contests, etc. You could even give small prizes (key chains, badges, etc.) to those persons who write/call in. The important thing is to keep the interest high, and have complementary activities.
5. Dramas and tragedies are preferable over talk shows, demonstrations, etc.
6. If you do a series (soap operas), emphasize the message you want them to capture at the end of each episode.
7. Reference service centers or sales points for more inforamtion or to purchase a product (condoms, ORS, etc.).

TECHNICAL NOTE TWO: Effective Visual Aids

1. Posters that are to be used to enhance the directed discussions should be in a series that shows CAUSE and EFFECT. A poster of a person defecating with diarrhea is showing only the effect. CAUSE, which is the key factor changing EFFECT, must also be illustrated.
2. Use the GRAPPE technique of illustration to avoid abstractions such as suspended or truncated limbs, out of proportion insects/animals/people.
3. A 17 x 22 poster can be easliy seen by maximum 15 people. One technique to enlarge the scope of the poster is to reproduce the same image on small 8 x 11 paper, and circulate numercous copies to the group. Seeing it close up, touching the poster/paper, will enhance interest.
4. One idea/message per poster.
5. Avoid using arrows to indicate direction; balloons over heads of people; any indicator that requires more than a literal interpretation of the image at hand.

STEP FOUR: PRE-TEST MATERIALS AND IMPLEMENT FOR TRAINING FOR IEC

Facilitator: Marydean Purves, Regional Technical Advisor to Southern and West Africa

Overview: The session will wrap up the materials development and introduce "Pre-testing and Training for IEC". Materials developed presented and critiqued. Trouble shooting and lessons learned on materials production process will be discussed. Criteria for materials quality will be presented. Following, definitions and types of pre-testing, and sample guidelines will be presented. Finally a broad overview of training for IEC will be presented.

Objectives:

1. Participants will learn the criteria for evaluating materials, and determine which can be used in pre-testing;
2. Participants will become familiar with the definition and types of pre-testing;
3. Participants will become familiar with the principle of training for IEC, and what areas to train in.

Methodology: Question & Answer, exposé and example/demonstration.

DEFINITION OF PRE-TESTING AND CRITERIA FOR MATERIALS EVALUATION

Pre-testing is the technique used in materials development to verify the accurate application of research findings and to assess the quality of the production against specific criteria. Pre-testing is a way of evaluating materials before putting them to use. The primary categories of criteria include:

- Comprehension
- Acceptability
- Aesthetics
- Action Oriented (call to action)
- (and in some cases) Manipulation/ease of use (e.g. flipchart demonstrations)

Material Critique

During this session the facilitator showed a poster with multiple images promoting vitamin A to the participants and posed critical questions. Who was the target group? What was the message? Did they notice a pitch (serious, instructive, comic)? Were the images appropriate? The group felt that due to the complexity of many images and detailed drawings that the poster was confusing. The group found a variety of potential messages from the poster. The artistic quality of the poster is generally good; however, small details like fruits not being the right color and the size distorted for some images.

Types of Pre-testing*

Group Pre-testing	This pre-testing method would be appropriate if your material is to be used in a group situation (flip chart, flannelograph, video, etc.) or if the target population is well educated and not easily influenced by peers. The materials are exposed to a group of 5 to 8 persons at a time. The pre-testers use a guide with very precise questions, as with a Focus Group Discussion. The techniques for a FGD should be employed - guide, use of an audio cassette recorder, identification of group members, detailed analysis.
Individual Pre-testing	This method is most appropriate for an interpersonal media for individual use or for illiterate groups. During an individual pre-test, each design or message is displayed one at a time to persons who offer their comments and suggestions for improvement.
Action Pre-testing	Materials that are designed to indicate to persons how to execute an action should be put through that action to measure if the instructions are clear and effective (ex: an ORS packet with instructions, a flyer to accompany condoms). This pre-test is conducted with representatives of the target group who are individually asked to perform the action indicated on the material, following the step-by-step instructions.

* Note that these methods can be combined; for example, testing a condom flyer for action pre-testing and individual pre-testing.

SOME TIPS FOR PRE-TESTING

- Always pre-test with the same target audience that will eventually receive the material.
- Questions should be probing, non-directive and open-ended. Do not lead with "What is this couple doing?", but ask "What do you see in this picture?"
- Don't forget that the target audience are the experts in this case. Encourage them to respond, reassure them that their responses are valuable and worthwhile.
- Questions should be oriented to measures of understanding, cultural acceptability, and suggestions to improve the piece.
- Not all suggestions should be taken into account. A good rule of thumb: If something was mentioned more than twice by different persons, it should be considered.

A discussion followed on the need to have separate pre-test audiences for men and women as well as different age-groups. Because the formulation of the message may be slightly different between men and women and different age-groups, we need to get feedback from the specific target groups. This feedback may not be forthcoming if the desired audience is restrained from group pressure. It is necessary to consider the context when determining how to conduct material pre-testing.

TESTING FOR COMPREHENSION

Pre-testing is usually conducted by trained interviewers, focus group moderators, and/or clinic or staff workers with some training. Every step should be planned well in advance of the actual implementation of materials. The guide below will assist you in planning your pre-testing sessions:

Figure 11: Sample Pre-Test Guide

Procedures

Greetings to the group/individual
Objectives of the meeting (opinion/understanding/acceptance of the material)
Presentation of the materials or messages one at a time
Encourage active participation and opinion-giving
Thank you's

Questions (display one design/message at a time. Do the design first, and the text after).

Perception questions
what is in this design?
what do you see? describe in detail.

Understanding questions
what do you understand by this material?
what is the message?
does this piece teach you something? what?

Acceptability questions
what do you like about the material? why?
do you identify with the material/ does the material appeal to you? why?
is there something in the material that you don't like/that offends you? what and why?

Suggestions
what changes would you suggest for the material? Why?

Explanation of the material by the interviewer
explain to the group exactly what messages/pictures the material was supposed to convey.

Distribution of materials
tell the group about when they can expect to see these materials in circulation and where.

Figure 12 Questions to Consider when Evaluating IEC Materials

Appropriateness and Effectiveness

- Who do you think is the “target group”?
- Who else is targeted?
- What is the message?
- How many messages do you perceive?
- Does the message teach you something?
- What is the “tone” of the material? (humor, fear, sentimental, logical or authoritative, other)?
- Who could use this material? What is the setting?

Artistic Quality

- Are the colors appropriate for the culture? (check with target audience)
- Are the images locally representative? (hairstyles, dress, accessories, house types, etc.)
- Are the images and/or illustrations simple and clear? (level of abstraction, presence of symbols, background)
- Are the words and images easy to see?
- Are the objects, persons, etc. on an appropriate scale?
- What is the center of interest? How does this reinforce or detract from the central message?

Manipulation - Application

- Is the material easy to use? (Rate on scale of 1 [as low] to 4 [as high])
- Does it need to be accompanied by something? Is it easy to obtain or access to be obtained?
- What might be the distribution channels for this material?
- How many persons at one time might use this material?

HOW MANY TIMES SHOULD ONE PRE-TEST?

Generally, the goal of pre-testing is to reach a 70-80% acceptability/understanding rate, which would be enough to put the material into production. You should pre-test until you reach this level. If you are appealing to different target audiences with one material, you will have to perform pre-tests with each group. At least two groups with each target audience is necessary. After a pre-testing cycle, you will need to make revisions. These revisions will then need to be pre-tested, but not with the same representatives of your target audience.

TRAINING FOR IEC

Taking a retrospective look at the communication planning process we can ask ourselves who we might be training for to effectively use the materials developed. Training may include: training of trainers and extension agents; community volunteers

to learn how to manipulate the materials and manage field activities; and, specialty trainings for selected workers (e.g. condom social marketing, income generation, etc.).

Figure 13: Choosing the Most Effective Learning Method for the Type of Learning Desired

Types of Learning		Methods for Learning	
Knowledge-based	Acquisition of facts, figures, hard data	**Didactic**	Lecture, symposium, reading, viewing
Understanding-based	Acceptance and use of knowledge as it relates to personal experience	**Discovery**	Reading, question/answer, directed discussion
Skills-based	Application of newly acquired ability	**Demonstration**	Role play, simulation game, modeling
Values-based	Change in attitude	**Application**	Field trial, teaching-by-doing, repetition

It is important to remember that people learn in different capacities and work best with using different methodologies. The matrix presented above should be used as a guide for designing the training approach for different groups. For example, if you are training a group of non-literate community health workers who do not believe that the first breastmilk after pregnancy is safe for the baby to consume, the type of learning you might want to promote may be value based and understanding based. One approach to use with this group may be the discovery method based on questions, answers, and discussion, which may foster a new appreciation of the problem by the group.

STEP FIVE: IMPLEMENTING ACTIVITIES AND MONITORING SYSTEM

Facilitator: David Hausner, Regional Technical Advisor to Asia

Session Objective: To demonstrate the five P's of information systems for monitoring methods and to define monitoring methods for IEC implementation.

Methodology: Lecture, with discussion, small group mock monitoring system development, and small group presentations.

DEMONSTRATION OF THE 5 P'S FRAMEWORK FOR INFORMATION SYSTEMS FOR MONITORING

Program monitoring is the systematic attempt by evaluation researchers to examine project coverage and delivery. We assess project coverage by estimating the extent to which the project is reaching its intended audience. (JHU/CCP Advances in Family Health Communication, 26-1, 1994).

Figure 14: Questions to ask to Establish Indicators for IEC Activity Monitoring

(source: Johns Hopkins Universtity, CSP)

What do we monitor?

What material, activity, or outcome do we monitor? *(mass media, print, event, training, cost, reach..)*

What aspects/indicators do we monitor? *(Quality, timeliness, clarity, quantity, achievement of activities, attendance levels, content of training, recall of messages, adoption of desired behavior..)*

Why do we monitor?

Who uses the monitoring data and information? *(Project manager, supervisor, field staff, volunteers, community, materials producer..)*

How will the monitoring data/information be used? *(Know progress and achievement at determined points, quality assurance, adjust IEC materials, adjust action plans..)*

How do we monitor?

Who monitors? *(Project manager, supervisor, field staff, volunteers..)*

When and how long do we monitor? *(entire campaign period, monthly, quarterly, first six months, one year after counseling...)*

What data collection tools do we use? *(Material distribution tracking, market survey, cost analysis, recall survey, sources of referral, exit interviews, observation, mystery client, focus group discussions, observing group interviews, expert panel discussion, TV/Radio ratings..)*

How do we exchange information?

In what form? *(Discussions, meetings, presentations, correspondence, reports..)*

➲ **Which lessons are learned about monitoring?** *(Usefulness, feasibility, cost, methodology, implementation)*

At this point in the communication planning process, we have collected and analyzed data, determined target groups and influential "others", and determined the appropriate, accessible channels and materials in the formative research step. We have designed an IEC strategy where we planned our messages, pitch, communication objectives, and established an implementation plan with timelines in the strategic planning step. We identified resources, assessed skills, secured partners, hired creative artists and developed our materials, pre-tested our materials and trained our staff in IEC implementation in the materials development and pre-testing steps.

We are all seasoned implementers! We are less accustomed to monitoring our implementation and checking that we are reaching our desired effect. We monitor project implementation in order to adjust to reach project goals and objectives. The framework presented below is useful to project managers in developing a monitoring system for IEC activities. The areas to monitor are process, performance, progress, protocols, and the problem.

Explanation of 5 P's Framework for IEC Monitoring	
PROCESS	**Following activities, budget, logistics and commodities** • Did the posters get placed where they were intended? • Are we spending money the way we said we would?
PERFORMANCE	**Appraising staff, volunteers, partners and contractors** • Are the Community Health Workers doing what they are supposed to be doing well?
PROGRESS	**Measuring targets for outputs, effects** • Have we made impact on our target population? • Are we reaching our goals in increasing knowledge and changing behavior?
PROTOCOLS	**Assessing adjustments and compliance with norms, regulations, technologies** • Keep abreast of the changes and adjust when necessary
PROBLEM	**Monitoring the problem project was designed to address** • Does the problem still exist in the target population?

Each of the four ongoing small groups developed a monitoring plan for their intervention-specific objective. The task was to design a monitoring plan for at least one of the above five monitoring areas. Please see Annex IV for a presentation of their monitoring plans.

STEP SIX: EVALUATION

Facilitator: Jim Becht, Regional Technical Advisor to Latin America

Objectives:

1. Participants will clarify the basic differences between evaluation and monitoring, and between the three types of project evaluation: mid-term; end-of-project; and post implementation.
2. Participants will review the donor (USAID/PVC) requirements for Child Survival evaluation, and clarify the relationship between IEC objectives and overall project objectives.
3. Participants will identify alternative causes of project evaluation results as well as the type of data needed to measure and interpret these results.

Methodology: Question & Answer, presentation with flip chart, small group work by country with flip charts, plenary work with flip chart.

Evaluation of the effectiveness of IEC activities in a Child Survival project should not wait to the end of the grant. Ongoing evaluation is crucial to improving the ability of IEC materials and strategies to promote the desired behavior changes. The results of the evaluation should also be considered when seeking replication and/or modification of IEC approaches and materials for use in new projects and extensions.

Monitoring and evaluation may use project as well as population-based data to assess any changes in target populations or institutions with which the project collaborates. In evaluating a project, we strive to VALUE what the project has done which means preparing a value-based, qualitative and subjective appraisal of the project. The context of an evaluation includes culture, emotions, religion, socio-economic conditions, and politics. This ties back to the common thread of the elements of behavior change and whate IEC can and cannot do presented during the first day of the workshop (see page 6). Figure 16 demonstrates the purposes and characteristics of monitoring and evaluation.

Figure 15: Purposes and Characteristics of Monitoring and Evaluation

Monitoring	Evaluation
• Adjustments in implementation • Decision-making • Ongoing process • Ensuring quality • Supervision • Constant checking on changed needs • Keeping on track/verification	• Cost-benefit analysis • Sustainability • Periodic • Measuring impact • Results/effects/objectives • Attribution of causes • Future planning/lessons learned/replicability/extension

For Child Survival projects we conduct a midterm and final evaluation and sometimes a post-implementation evaluation in our project areas. During the

workshop the group made distinctions between these three evaluations in order to identify data collection needs and uses.

Mid-Term Evaluation	**End of Project Evaluation**	**Post-Implementation Evaluation**
• Adjust targets/target realism	• Sustainability (are the steps in place and conditions present for project activity continuation)	• Sustainability (are benefits still operating and are activities continuing)
• Situational assessment/ direction verification	• Impact/effectiveness/proxies	• Secondary effects (intended and unintended consequences [positive and negative])
• Qualitative assessment	• Replication and/or extension	
• Verify project strategies	• Lessons learned	
• Resource management	• Cost/benefit analysis to determine worth/value	• Empowered institutions/communities
• Verification of mid-term objectives and training	• Empowered institutions/communities	• Replication or extension of project
• Process	• Quantitative assessments	• Qualitative assessments
• Performance	• Unplanned consequences	• Lessons learned/application
	• Assess need for another project	

Further discussion of the types of evaluation highlighted some key issues. The first is that when data collection is designed it is very important to know what the information needs will be and how best to collect it. Second, the mid-term evaluation is often conducted too early in the project life-cycle, particularly for projects who have had start-up delays due to external political events or internal staffing changes. It is recommended for projects which have experienced start-up delays to request permission from their donor for a delay in conducting the mid-term evaluation. The third issue was the difficulty in conducting a post-implementation evaluation due to inadequate follow-up monitoring and lack of funding for such evaluations. Good monitoring sources for a closed project evaluation are journals, document retention and ongoing contact with the community, often through other projects.

SMALL GROUP ACTIVITY: IDENTIFYING CAUSES FOR FINAL RESULTS

The facilitator presented the group with a tool to help identify plausible causes of project results in order to better evaluate the contribution of the IEC strategy and attribute the results to the project's success or failure. This exercise is useful for building an information system to explain the causes and develop variables to monitor in order to best evaluate the contribution of the project's IEC strategy to the results. The tool is shown on the following page and is illustrative for the STD/AIDS Prevention through Football "project" first presented in "Step 2: IEC Strategic Planning." Participants and observers broke into their intervention-specific small groups of three to work on identifying possible causes of pre-determined project results. (Note that participants were asked to be creative for this exercise). The results of their work is presented in Appendix IV.

Figure 16: IDENTIFYING ALTERNATIVE CAUSES OF PROJECT RESULTS (ILLUSTRATIVE EXAMPLE)

Results: The final KPC survey showed that reported condom use by males, 12-19 years, increased from 3% (BLS: baseline survey) to 13%, short of the expected objective of 20%. HIV/STD infections continue to increase in the target population. Did the IEC strategy or activities fail, or are there other explanations for falling short?		
Possible Causes to Explain the Evaluation Results	What Variables Should We Monitor	What Data Should We Collect to Measure the Variables
IEC Strategy and Activities Electronic; Print; Live entertainment; Interpersonal (IPC)	Process: timeline Performance: staff Progress: targets Protocols: technical norms	➲ occurrence; dates ➲ quality; satisfaction ➲ outputs; products ➲ changes; application
Other Project Intervention: (One INTERNAL explanation) *Condoms were not readily available in the project area until year three.*	*Logistics* *Timeline* *Staff performance*	➲ *acquisition, storage, distribution, etc.* ➲ *keeping to schedule* ➲ *presence, availability*
Other Project Intervention: (One INTERNAL explanation) *Our implementing partners, school teachers, went on strike and the girls IG skills training was canceled.*	*Activities* *Staff performance* *MOE personnel policies*	➲ *implementation* ➲ *presence, compliance* ➲ *content, satisfaction*
Non-Project Intervention: (One EXTERNAL explanation): *The football season and related practice sessions were delayed due to an unusually heavy and prolonged rainy season.*	*Activities* *Physical environment* *NFA policies*	➲ *occurrence, schedule* ➲ *climate projections* ➲ *reasons for cancellation*

Exercise Wrap Up

Attribute, learn and apply: these are the key actions this evaluation exercise has taught us. We need to anticipate ahead of time the possible causes of results in order to begin recording and monitoring them. What we do in our project is not the only force taking place in the project area and we need to be able to accurately attribute the causes for our results. We need to be able to link the data with the results and be able to state what the results are attributed to in order to learn from our projects and to successful replicate and improve on them.

In general, we at CARE need to get better at communicating lessons learned from our health and Child Survival projects with other technical sectors and agencies not involved in the project. We need to institutionalize the sharing of our project evaluations to capitalize on CARE's collective knowledge. Learning to accurately **attribute, learn and apply** results from our Child Survival projects is an important step in overcoming this learning gap.

PROJECT IEC WORKPLANS

One of the primary objectives of this workshop was to develop IEC strategy workplans for each project represented. The workplans were formed during the course of the workshop after each step's session. Each project team was asked to determine what had been done to date for each step of the communication planning process and what needs to be done to bring the project into line with the methodical process. At the end of the workshop, the project teams reported back on their plans.

Workplan - Bangladesh

From October 1995 through February 1996 the project completed its formative research through a KPC survey, qualitative assessments, situational analysis and review of MOH materials. The training plan has been developed.

Materials will be developed by September 1996 incorporating the child-to-child approach already being used by the project to include a lido and puzzle game. In addition a simulation card on vitamin A will be pre-tested in December. Materials already developed include the National Immunization Day campaign materials and the selection of MOH materials to be used.

Pre-testing of the simulation card for vitamin A will be done in October by the Training Officer. Continuous review and/or adjustment of materials will be ongoing. Joint monitoring system is being developed with the Ministry of Health. In September, the project will require technical assistance in appraising the child-to-child method.

In preparation for the mid-term evaluation, the IEC strategies will be appraised in January and February of 1997 and will require technical assistance.

Bangladesh 1996	**May**	**June**	**July**	**Aug**	**Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**
Step 1: Formative Research								
None								
Step 2: Design IEC Strategic Action Plan								
Training of IEC plan developed	X	X	X	X	X	X	X	X
Joint strategic plan with MOH on National Campaigns (NID, VAC Week, MNT	X	X	X	X	X	X	X	X

Bangladesh 1996	May	June	July	Aug	Sept	Oct-Dec	Jan-Mar	Apr-Jun
Step 3: Develop Materials								
Child to Child approach to develop Ludo game and puzzle					X			
Group health education: simulation card on VAC	X							
Step 4: Pre-testing/Training Implementation								
Pre-test VAC simulation card	X							
Training for implementation of simulation card on VAC						X		
Continuous review and adjustment of MOH materials	ONGOING							
Training project staff	ONGOING							
Orientation of MOH field staff	ONGOING							
Step 5: Implementation/Monitoring								
Joint monitoring with MOH	ONGOING							
Child - to - Child (TA planned for September)	ONGOING							
Community health education	ONGOING							
Step 6: Evaluate Impact								
Appraisal of IEC strategies by external resource							TA	

Workplan - Honduras & Nicaragua

Note: Both project teams worked together to develop their workplans as they will develop their IEC activities jointly and simultaneously.

Much information has already been collected for the formative research step but the information needs to be reviewed and focused during the month of June 1996. Additional food security information will be collected in May and June. In July, the IEC strategic plan of actions will be developed. Both projects are confident of their good planning staff and experience developing materials. During the months of July and August, staff will choose and reproduce from existing materials and develop any new materials as necessary and within budget.

IEC implementation training will be designed in July and August and implemented in September. The monitoring system will be designed from July through September, incorporating what has already been set up. In addition the IEC monitoring system will be integrated with the Health Information System during the months of May and June.

Honduras has already completed much of the communication planning process and its staff collaborated with the Ministry of Health to design educational materials. Both Honduras and Nicaragua lack financial cability to develop new materials and are concerned about funds available to reproduce existing materials. A recommendation for USAID PVC to include IEC categorized funding was suggested.

Honduras 1996	**May**	**June**	**July**	**Aug**	**Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**
Step 1: Formative Research								
Organize/focus collected material		X						
Collection of needed information	X	X						
Step 2: Design IEC Strategic Action Plan								
Design strategic plan			X					
Step 3: Develop Materials								
Choose and reproduce from existing materials			X	X				
Develop new material			X	X				
Step 4: Pre-testing/Training Implementation								
Pre-test some existing materials			X	X				
Pre-test developed materials			X	X				
Design and implement training program			X	X	X			
Step 5: Implementation/Monitoring								
Design IEC monitoring system			X	X	X			
Integrate it with the HIS system				X	X			
Actual implementation/monitoring			X	X	X	X	X	X
Step 6: Evaluate Impact								
None								

Nicaragua 1996	**May**	**June**	**July**	**Aug**	**Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**
Step 1: Formative Research								
Organizing and focusing the information		X						
Step 2: Design IEC Strategic Action Plan								
Initiate a strategic plan		X						

Nicaragua 1996	**May**	**June**	**July**	**Aug**	**Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**
Step 3: Develop Materials								

Reproduce existing materials	X	X	X	X	X			
Design and develop new material		X	X	X				
Step 4: Pre-testing/Training Implementation								
Pre-test existing materials		X						
Training for implementation		X	X	X				
Pre-test new material			X	X				
Step 5: Implementation/Monitoring								
Design IEC monitoring system (integration with project's health information system)		X						
Assess monitoring system			X	X	X	X	X	X
Step 6: Evaluate Impact								
None								

Workplan - Kenya

This project has been slightly delayed in starting because of key staffing changes early in the project life. By mid-June 1996, a new Project Manager and Training Officer will begin working for the project full-time. During the months of June through August the staff will review the KPC survey and focus group discussion results with community leaders and partners, review existing materials, assess staff training needs and identify key communication channels.

In August, the project will look into designing the IEC Strategic plan of action by re-identifying target groups, review intervention objectives and desired behavior change, develop messages, select approaches and design communication objectives. By October the project staff will have reviewed existing materials with the District Ministry of Health, make pre-production arrangements, produced IEC materials and begin post-production activities. Pre-testing will be completed in October and IEC training for implementation will be conducted during the months of November and December.

By November, monitoring indicators will be established and staff will planning for spot checks and follow-ups during the IEC strategic plan of action development in August. Identification of KPC intervention variables will be made in August and identification of possible variables for internal and external influence of interventions.
The group found this workplan to be complete but quite ambitious for such a short timeframe. They advised this project to consider collecting further information through the formative research step before moving too quickly into the strategic planning and materials development stages.

Kenya 1996	May	June	July	Aug	Sept	Oct-Dec	Jan-Mar	Apr-Jun
Step 1: Formative Research								
Review of research survey		X						
Identification of categories of communication channels available			X					
Step 2: Design IEC Strategic Action Plan								
Re-identify target population				X				
Review of intervention objectives and desired change				X				
Message development				X				
Decision of approaches				X				
Communication objectives				X				
Step 3: Develop Materials								
Review MOH existing materials			X					
Pre-production arrangements for malaria and ARI					X			
Production of IEC materials					X	X		
Post-production activities						X		
Step 4: Pre-testing/Training Implementation								
Pre-testing materials					X	X		
IEC training implementation						X		
Step 5: Implementation/Monitoring								
Setting monitoring matrix indicators for the 5 “Ps” of monitoring						X		
Monitoring IEC and implementation cycle					X			
Step 6: Evaluate Impact								
Identification of KPC intervention variables				X				
Identification of possible variables for internal and external influencers of interventions				X				

Workplan - Niger

For the months of March through September 1996 an action plan is already in effect and the project staff are unable to take on new activities; however, they will integrate necessary activities into their calendar as noted below.

Formative research activities are planned through September. During the months of June and July, staff will conduct ten village rapid rural appraisals. During the month of September, staff will hold focus group discussions on diarrhea management. Staff meetings have been planned from May through July to finalize the IEC strategic plan of action.

The production of a measles storyboard similar to the existing family planning story presented during this workshop is planned this year. In June the script will be written and the final draft of the visual flip chart will be ready in July. Final production and pre-testing will be conducted in August. (Note that the group recommended using the same characters used in the family planning story).

One IEC staff person will be trained in May to train Community Health Workers in IEC implementation in June. A monitoring plan will be established during the staff meetings connected to the strategic plan of action in May. Due to the USAID suspension in Niger, the project will request a delay for the midterm and final evaluation dates.

Niger 1996	**May**	**June**	**July**	**Aug**	**Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**
Step 1: Formative Research								
PRA in 10 villages		X	X					
Focus group discussions on diarrhea					X			
Step 2: Design IEC Strategic Action Plan								
Finalize IEC action plan								
• Staff meetings	X	X	X					
• Elaboration of message on measles	X	X	X					
Step 3: Develop Materials								
Develop story for measles								
• Script development		X						
• Artist selection			X					
• Pre-test maquette			X					
• Production				X				

Niger 1996	**May**	**June**	**July**	**Aug**	**Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**
Step 4: Pre-testing/Training Implementation								
Training of village IEC volunteers		X						

Training of field staff in IEC		X						
Step 5: Implementation/Monitoring								
Establish indicators for IEC monitoring	X							
Develop monitoring plan	X							
Step 6: Evaluate Impact								
Negotiate extension for midterm and final evaluations								

Post-workshop Evaluation

During the course of the five months following the workshop, participants will be asked to report on the status of their workplans and provide information on successes and obstacles to meeting their process goals. Interested readers should contact the Health & Population Unit at CARE USA, 151 Ellis Street NE, Atlanta, GA 30303 for a copy of the post-workshop IEC plan of action evaluation.

Annex I

IEC: The Power for Change
Workshop Agenda
May 5-10, 1996

	Sunday May 5	Monday May 6	Tuesday May 7	Wednesday May 8	Thursday May 9	Friday May 10
Morning		**Agenda**	**Updates**	**Updates**	**Updates**	**Updates**
		Project Presentations	**<u>Step One:</u> Formative Research**	**<u>Step Three:</u> Materials Development**	**<u>Step Four:</u> Pre-testing and Training for Implementation**	**<u>Step Six:</u> Evaluate Impact an Replan**
Lunch						
Afternoon		**Context of Health Problems**	**<u>Step Two:</u> Designing an IEC Strategic Plan**		**<u>Step Five:</u> Implement Activities & Monitoring Systems**	**Project Action Plans Finalization and Presentation**
		Intro to Communication Planning Process				**Closing**
Evening	**Welcome Meeting**					

Group Photograph taken during closing ceremonies. Individuals from front left: Dr. Nizam Uddin Ahmed, Zedekia Sakwa Mwangala, Dr. Elwin, David Newberry, Dr. Malam Issa Inoussa, Michelle Kouletio, Dr. Zia-U-Rahman, Dr. Wahidul Islam. Back left: Diana Altman, Carol Elwin, Jim Becht, Kathy Tilford, Dr. Basimike, Dr. Dan Wendo, David Hausner, Marydean Purves, David Hintch, Evelyn Oyombera, Paurvi Bhatt (visiting), and Dr. Elena McEwan.

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Annex III

Current CARE Child Survival Projects: Intervention Matrix

	Immunization	Diarrhea Management	Respiratory Illness	Nutrition	Vitamin A	Malaria	Maternal Health	STDS/HIV/AIDS	Family Planning	Project Manager/ Contact Person
CS IX										
Guatemala	X	X	X	X			X			Walter Flores
Haiti	X	X	X	X		X		X	X	Paula Brunache
CS X										
Bolivia		X						X	X	Jennifer Luna
CS XI										
Bangladesh	X	X			X				X	Dr. Wahidul Islam
Honduras	X	X	X	X			X	X	X	David Hintch/Carol Elwin
Kenya	X	X	X			X		X	X	Dr. Dan Wendo
Nicaragua	X	X	X	X	X	X	X	X	X	Dr. Elena McEwan
Niger	X	X		X		X			X	Dr. Sani Aliou
CS XII										
Haiti							X	X	X	Susan Igras
Mozambique		X	X			X	X		X	Anne Devine
Peru		X	X				X			Dr. Alfredo Fort
Tanzania							X	X	X	Susan Farnsworth

Annex IV
Group Exercise Results

GROUP A: MATERNAL HEALTH AND FAMILY PLANNING

Step 2: IEC STRATEGY FOR PRE-DEFINED INTERVENTION OBJECTIVE

Intervention	**Maternal Health and Family Planning**	
Intervention Objectives	**By year three, 40% of mothers with children under two years and who desire family planning will be using modern contraceptive methods (baseline = 16%)**	
Target Groups	Primary: Mothers and children under two years	Influencing: Male partners
Desired Behavior	Mother and children under two years will be effectively using modern contraceptive methods	Male partners will encourage women to use modern contraceptive methods
Message	Birth spacing of two or more years between pregnancies will make you and your children healthy	Keep your partner and children healthy
Approach: Pitch	Healthy mother will have healthy children	Real fathers keep a small and healthy family
Approach Setting	Home Workplace Community	Same
Approach: Channel(s)	Electronic - Radio Interpersonal Live Entertainment Print - leaflet	Same
Approach: Materials	Radio tapes Script	Same
Communication Objective(s) outputs	# mothers who listen and understand the program	Provide support for a healthy family by using contraceptives

Annex IV
Group Exercise Results

Step 3: Materials Development

Material - Maternal Health and Family Planning

Materials produced:

- Drama
- Songs
- Musical set
- Traveling van
- **Puppet show**
- Dancing
- Story telling sessions

Figure 17: Material Presentation by Group

Material - Puppet Show

Pre-production

- Schedule and timeline
- Hire a consultant with experience
- Identify puppeteers
- Conceptualize the message of the script and outline the story

Production

- Write the script
- Make the puppets
- Prepare the scene and stage
- Assure the quality of the script and puppets
- Pre-test with the audience
- Make revisions
- Design "reminder" handouts for spectators

Post-Production

- Finalize schedule for show at different venues
  - schools
  - markets
  - festivals
  - village traveling show
- Assign a staff person to accompany shows

Question and Answer

Comment - make sure to check audience to ensure that they are receiving the educational side. Can be costly.

Annex IV
Group Exercise Results

Step 5: Monitoring & Evaluation

What Information is needed	How is this information collected/ measured?	When is the information collected/ measured?	Who collects/ measures this information?	Who uses this information?	How is this information used?
PERFORMANCE					
Is message understood?	Observatoin during performances	During show	Field Officer	Field Officer	Assure consistent performance quality
Is methodology acceptable?	Interviews Immediately post-performance	Just after show	Field Officer/Volunteers	Different project manages	Same
What is the audience's perception skill?	Interview survey for later recall	4-6 weeks post-show	Field Officer/Volunteers	Contractor	Retraining

Annex IV
Group Exercise Results

Step 6: IEC EVALUATION

Results: The final KPC survey showed that 24% of mothers who desire family planning are actually using modern contraceptive methods; the baseline level was 16% and the proposed target was 40%. Did the IEC component fail in producing the expected results or were other factors responsible for the shortfall?		
Possible Causes to Explain the Evaluation Results	What Variables Should We Monitor	What Data Should We Collect to Measure the Variables
IEC Strategy and Activities Electronic; Print; Live entertainment; Interpersonal (IPC)	Process: timeline Performance: staff Progress: targets Protocols: technical norms	* occurrence; dates * quality; satisfaction * outputs; products * changes; application
Other Project Intervention: (One INTERNAL explanation) *Adequate logistics system supply of all methods.*	*Ordering cycle* *Clinic staff complete order forms on time* *Quantity projected to meet demand vs. delivered to clinics* *Diversion of supplies*	*Quantity ordered/record of dispensed quarterly*
Other Project Intervention: (One INTERNAL explanation) *Key staff resigned after one year; weak manager in year two*	*Adherence to project schedule* *Satisfaction of staff* *No acceptor/contraceptive users* *Consistency of national policy and guidelines*	
Non-Project Intervention: (One EXTERNAL explanation: *Attempted coups prevented clinic staff from going to work*		

Annex IV
Group Exercise Results

GROUP B: NUTRITION IMPROVEMENT FOR CHILDREN

Step 2: IEC STRATEGY FOR PRE-DEFINED INTERVENTION OBJECTIVE

Intervention	**Nutrition Improvement for Children**	
Intervention Objectives	**By year three, 60% of newborn infants will initiate breastfeeding within 8 hours after birth (baseline = 34%)**	
Target Groups	Primary: Pregnant Women	Influencing: Trained Birth Attendants
Desired Behavior	Begin breastfeeding within first eight hours after birth	Encourage and promote breastfeeding
Message	First breastmilk is good for you and your baby	First breastmilk is good for mother and newborn
Approach: Pitch	Sentimental, protection and love	Logical, factual information
Approach Setting	Village wells	TBAs homes, meetings
Approach: Channel(s)	Interpersonal and live entertainment	Interpersonal
Approach: Materials	Speaker Testimonials Songs Theater	Curriculum Modeling
Communication Objective(s) outputs	* Creation of script * Creation of song * % introduce breastmilk within first eight hours	* Development of visuals * Exit interviews conducted of mothers after giving birth that was assisted by TBA * Training/Information sessions

Step 3: Materials Development

Annex IV
Group Exercise Results

Material - Song on cassettes to promote breastfeeding

I. Pre-production

Step One: Brainstorm on content, dissemination, training, logistics, budget

Step Two: Hire song writer: set criteria for hiring (good, cheap, accessible, cooperative)

II. Production

Step Three: Inform the songwriter about the whole issue: findings of formative research, research and strategic planning

- Topic of song
- Type of song (fast, slow, light, instruments, so that women can sing it and understand the message)
- Single voice or multiple voice

Step Four: Writer will work on it and bring 2-3 songs
Select after necessary adjustments (1-2)

Step Five: Go to community for pre-testing

Step Six: Select one song - do necessary modification

Step Seven: Finalize the song

Step Eight: Record it - Test it in the community

III. Post Production

Step Nine: DUPLICATION - check budget!
-contact studio - may be through song writer
GET COPIES - check quality of cassettes
-develop guideline on how to use cassette
-provide training
IMPLEMENTATION

Annex IV
Group Exercise Results

Step 5: Monitoring & Evaluation

What information is needed?	How is this information collected/ measured?	When is the information collected/ measured?	Who collects/ measures this information?	Who uses this information?	How is this information used?
PROCESS					
Logistics					
Number of cassette players that function	Supervisor checks	Quarterly	Supervisors	Supervisors Management	Maintenance plan, budgetary implications
Quality of cassette sound	Supervisor checks	Quarterly	Supervisors	Supervisors Management	Replacement, quality control
Activities					
Number of visits	Volunteer notebook	Monthly	Supervisor	Management	To know that visits are being made
Number of listeners	Volunteer notebook	Monthly	Supervisor	Management	Level of effort, coverage
PERFORMANCE					
Volunteer skill in conducting session	Direct use checklist, supervision,and spot interviews	Twice a year	Supervisor	Management, Supervisor, Volunteer	Feedback to volunteer and quality control
PROGRESS					
Number of people who have heard song and can sing it	Intercept interviews at specific sites	Random monthly spot check	Supervisor	Management, Supervisor, Volunteer and Community	Qualitative and quantitative assessment Human resources management Need adjustment if there is deviation
Number of people who can recite the key message	Intercept interviews at specific sites	Random monthly spot check	Supervisor	Management, Supervisor, Volunteer and Community	Same as above
PROTOCOLS					
MOH protocol for breastfeeding	Joint meetings Review of written protocol	Every two years	Project Manager	Management	Ensure message consistency
PROBLEM					
% of mothers who breastfeed within first 8 hours of giving birth to newborn	Reports from TBAs Focus groups KPC survey	Monthly Annually End of project	TBAs and Volunteers	Management Supervisors	Measure behavior change

Annex IV
Group Exercise Results

Results: The final KPC survey showed that only 47% of newborns are being breastfed during the first eight hours after birth; the project expected to achieve 60% from a baseline of 34%. Did the IEC strategy or activities fail, or are there other barriers which hindered achievement of the objective?		
Possible Causes to Explain the Evaluation Results	What Variables Should We Monitor	What Data Should We Collect to Measure the Variables
IEC Strategy and Activities Electronic; Print; Live entertainment; Interpersonal (IPC)	Process: timeline Performance: staff Progress: targets Protocols: technical norms	* occurrence; dates * quality; satisfaction * outputs; products * changes; application
Other Project Intervention: (One INTERNAL explanation)	***Exercise not completed***	
Other Project Intervention: (One INTERNAL explanation)		
Non-Project Intervention: (One EXTERNAL explanation:		

Group Brainstorm

Internal	**External**
• High staff turnover • Volunteers had other priorities • Staff didn't really believe in appropriateness of first breastmilk	• Strike • Pesticide contamination of mothersmilk • Drought/famine • Contradicting rumors • Distribution of baby feed solutions • Breastmilk declared bad by the government • Migration influx of refugees

Annex IV
Group Exercise Results

GROUP C: MANAGEMENT OF DIARRHEAL DISEASE

Step 2: IEC STRATEGY FOR PRE-DEFINED INTERVENTION OBJECTIVE

Intervention	**Management of Diarrheal Disease**	
Intervention Objectives	**By year three, 50% of infants and children under two years with diarrhea will be treated with ORT (baseline = 27%)**	
Target Groups	Primary: Mothers of children under five and their older siblings	Influencing: Grandmothers, mothers-in-law, husbands, househelpers
Desired Behavior	Mothers and older siblings treating children under two years with ORT during diarrhea episodes	Influencers giving appropriate counseling to mothers and older siblings.
Message	Giving ORT to children under two during diarrhea episodes can prevent dehydration	Protect children from dehydration by giving them ORT during diarrheal episodes.
Approach: Pitch	Children with dehydration are in extreme danger of dying	All children with diarrhea should receive ORT or else become dehydrated
Approach Setting	Face to face/group during home visits, at clinics and schools	Church, markets, home visits
Approach: Channel(s)	Interpersonal: face to face Print, Electronic, Drama and Songs	Interpersonal and Print
Approach: Materials	Video tapes, posters, guides for discussions, costumes and cassettes	Guides for discussions and posters
Communication Objective(s) outputs	# home visits # mothers attending discussions # siblings at school discussions	% attendance # of presentations # home visits

Annex IV
Group Exercise Results

Step Two: Material Development

Material - Poster

Pre-Production

- Staff brainstorm and agreement on contents of poster to be illustrated by artist
- Develop of an alarming message because the audience will want more information
- Idea: Poster with four messages and pictures which compare a child to a plant to demonstrate dehydration from diarrhea. The bottom of the poster has a step-by-step ORS preparaton guide.

Production

- Search and hire artist
- Review draft material with staff
- Pre-test
- Decide on the final version and determine where it will be posted.

Question & Answer on this process:

- When does pre-testing happen?
- When does artist become involved? Staff designs concept while artist does actual design and presentation
- What about post-production? Locate placement for posters, discuss with families, before mass production put up samples and test -- otherwise could waste money. Also need to plan how posters will be affixed (staples, tape...).
- Note that posters have unintended uses and tend to disappear because they are colorful. Also remember that posters degenerate as they age and management needs to plan for poster replacement.

Annex IV
Group Exercise Results

Step 5: Monitoring & Evaluation

What Information is needed	How is this information collected/ measured?	When is the information collected/ measured?	Who collects/ measures this information?	Who uses this information?	How is this information used?
PROCESS					
Calendar of activities	Staff reports, spot checks (clinics, schools and homes)	Monthly Weekly MTE	Field staff and supervisor and community members	Staff Managers Counterparts Community	Adjusting to planning, discussion meetings, providing feedback
Budget worksheets	Field reports	Monthly	Administrator, Project Manager	Project Manager, Supervisors, Administrator	Same as above
Availability of ORS packets at nationa, regional and local levels	Through inventory reports at different levels	Monthly MTE	Project Manager Field Staff CHU	Project Manager Field Staff	Budgeting (planning) and supply
Transport and warehousing and storage of ORS	Project Manager	Semi-annual	Project Manager	Project Manager	For restocking and ordering ORS

Annex IV
Group Exercise Results

Results: The final KPC survey showed that reported use of ORT for episodes of diarrhea reached 77% in the target population. The baseline level was 27% and the project expected to achieve 50% by year three. Is the IEC component responsible for this extraordinary achievement, or were there other factors at work?

Possible Causes to Explain the Evaluation Results	What Variables Should We Monitor	What Data Should We Collect to Measure the Variables
IEC Strategy and Activities Electronic; Print; Live entertainment; Interpersonal (IPC)	Process: timeline Performance: staff Progress: targets Protocols: technical norms	* occurrence; dates * quality; satisfaction * outputs; products * changes; application
Other Project Intervention: (One INTERNAL explanation) *Because of cholera outbreak, the project focused on activities in the diarrhea component*	*Staff performance* *Training* *Timeline* *Campaign standards, changes in application* *Access*	*Presence, quality* *Number of community members/staff and others trained* *Keeping to schedule*
Other Project Intervention: (One INTERNAL explanation) *ORT readily available (excellent supply)*	*Logistics* *Staff performance* *Timeline* *Access*	*Acquisition, storage, distribution* *Keeping to schedule, availability*
Non-Project Intervention: (One EXTERNAL explanation: *Cholera outbreak in country which necessitates a major campaign of ORT promotion/supplies nationwide* *Support was provided by all sectors (public and private)*	*Activities* *MOH Policies* *Collaborative partners*	*Occurrence and schedules implemented* *Compliance available*

Annex IV
Group Exercise Results

GROUP D: IMMUNIZATION

Step 2: IEC STRATEGY FOR PRE-DEFINED INTERVENTION OBJECTIVE

Intervention	**Immunization**	
Intervention Objectives	**By year three, 70% of children 12-23 months will have received measles vaccine (baseline = 41%)**	
Target Groups	Primary: Mothers of children under 24 months and pregnant women	Influencing: Grandparents, village volunteer
Desired Behavior	Mothers bring their children to immunization clinics on time	Grandmothers will encourage and support mothers to take children for immunization.
Message	All children need to be vaccinated at 9 months for measles.	Same
Approach: Pitch	Child may get measles and die if not vaccinated.	Wise and loving grandparents know that children will listen and learn to immunize their grandchildren against measles
Approach Setting	Child welfare clinics, market, OR site/ ANC/FWC	Religious place, clinics, home visit, community or group meeting, market
Approach: Channel(s)	Interpersonal Electronic Print	Live entertainment Electronic One to one
Approach: Materials	Discussion guide, radio, TV, poster	Drama, scripts, PA (miking), radio, TV scripts
Communication Objective(s) outputs	# mothers attended # educational messages produced # sessions on TV/Radio	# drama presented # households visited

Annex IV
Group Exercise Results

Step 3: Materials Development

Material - Radio Spots

Pre-Production

- Determine materials, message media - chose radio spots
- Scheduling: timeline of process, needs, reservations
- Script development: project personal, communications, professional
- Pre-testing script, edit, revise (quality assurance of materials)

Production

- Schedule process
- Actual recording of message
- Quality control of product
- Audience feedback (spot checks, signal listening, focus group discussions)
- Need revisions from feedback
- Production of final product (reel to reel tape copies of master)

Post Production

- Decision of scheduling times, frequencies
- Send copies to participating stations
- Broadcast message
- Assess audience feedback/response
- Follow next steps of the IEC campaign process (additional campaign, user groups)

Annex IV
Group Exercise Results

Step 5: Monitoring & Evaluation

What Information is needed	How is this information collected/ measured?	When is the information collected/ measured?	Who collects/ measures this information?	Who uses this information?	How is this information used?
PROTOCOLS					
State of the art techniques					
Compliance with national norms	Meeting with MOH, policy papers, clinic guides	Semi-annually	Project Manager (or designated staff)	Project Management Level	Adjust radio spot Training schedule modified
Compliance with WHO and UNICEF vaccination norms	Meeting with WHO and UNICEF, technical papers, collaboration with others	Semi-annually	Project Manager and Partners	Project Management Level Government/MOH	Adjust radio spot Adjust IEC materials
Adjustments of national and international policies regarding measles vaccine.	Official circulation of information Direct contact/meetings	As occurs	Project Manager	Project Manager and IEC Staff	Adjust radio spot Promotion at community level

Annex IV
Group Exercise Results

Results: The final KPC survey showed that in the project area measles vaccination increased from 41% (baseline) to 84%, surpassing the proposed target of 70%. Was the IEC strategy extremely effective or was the increase due to other factors?		
Possible Causes to Explain the Evaluation Results	What Variables Should We Monitor	What Data Should We Collect to Measure the Variables
IEC Strategy and Activities Electronic; Print; Live entertainment; Interpersonal (IPC)	Process: timeline Performance: staff Progress: targets Protocols: technical norms	* occurrence; dates * quality; satisfaction * outputs; products * changes; application
Other Project Intervention: (One INTERNAL explanation) *Adaption of improved baby tracking mechanism for immunization*	*Baby tracking system in place* *Performance of staff - household visits, revisits to unimmunized children* *Targets - number of children vaccinated*	*Baby tracking system in place* *Performance of staff - household visits, revisits to unimmunized children* *Targets - number of children vaccinated*
Other Project Intervention: (One INTERNAL explanation) *Partners received additional funding: hired more and higher quality staff; better planned*	*Activities* *Staff performance* *Interagency collaboration*	*More outreach services* *Quality, efficiency* *Meetings and workshops*
Non-Project Intervention: (One EXTERNAL explanation: *Elections and candidates use as platforms saving lives of children through vaccination (Lessons - use politicians, key people) whole year before we did our final evaluation*	*Sectors/Allies involved* *Heightened awareness* *Advocacy- Health Manifesto*	*# of different agencies in vaccination prevention - political platforms* *Rallies into relating to measles on national scale increased* *If politically addressed*

Annex V
Workshop Evaluation

Overall

The purpose of this part of the evaluation is to collect feedback on the content of the IEC workhsop. There will be a post workshop evaluation which will capture the effect the workshop had on the participating Child Survival project teams particularly in the implementation of their IEC action plans. A copy of the English version of the workshop evaluation form follows this evaluation report. For the two Francophone participants, the evaluation form was offered in French. A total of 12 participants completed the evaluation questionnaire and that information is compiled in this analysis.

Overall the workshop was a success; 50% of all participants gave the workshop an overall rating of excellent while the remaining 50% rated it as good. In addition, 92% of all participants acknowledged that the workshop improved their understanding of IEC and will share their learnings with their project staff upon their return home. Each project team developed a five month workplan of which 58% are certain they will be able to implement and 25% very certain.

Logistics

While the pre-departure communications and in-country arrangements were rated highly (74% rated as excellent, 21% rated as good and 6% rated as fair), concerns were raised by participants about the lack of access to photocopying, overhead transparency production and other general training facilities during the workshop in Mombasa.

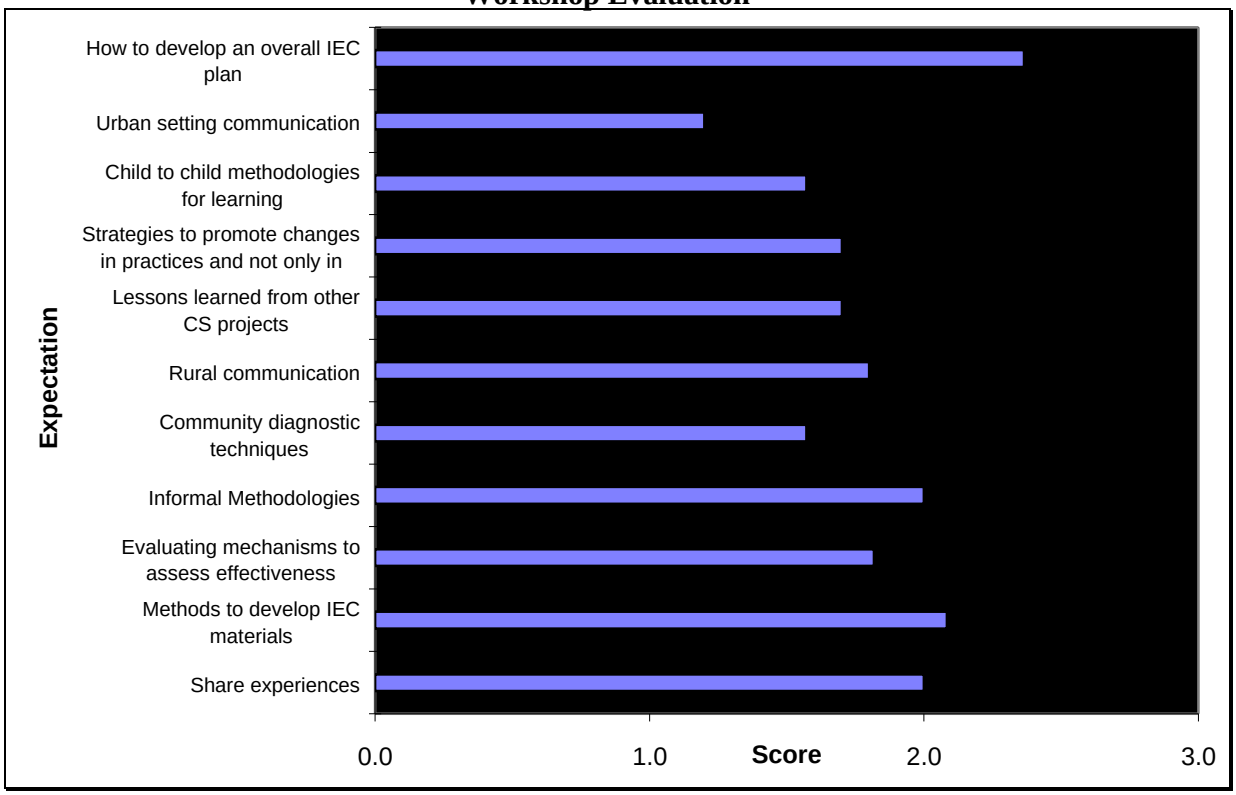
Facilitation/Methodology

The facilitation team received high marks for managing the group dynamics and keeping the course to the agenda. Some participants felt that the facilitators were not always prepared for their sessions. This workshop was unique that it was composed of four facilitators with strong experience working with CARE's Child Survival projects. Their familiarity with the participants and their projects allowed them to serve as resource persons as well as facilitators.

Of the methodologies used, the small group work/applied learnings rated highest (42% excellent, 50% good, 8% fair), followed by the Action Plan Development (33% excellent, 65% good, 8% fair). Other methodologies such as introduction of tools/matrices, plenary sessions, and lecture rated predominately in the category of "good". Feedback from participants highlighted the effectiveness of the small group exercises but that more time should have been allocated to explaining group activities.

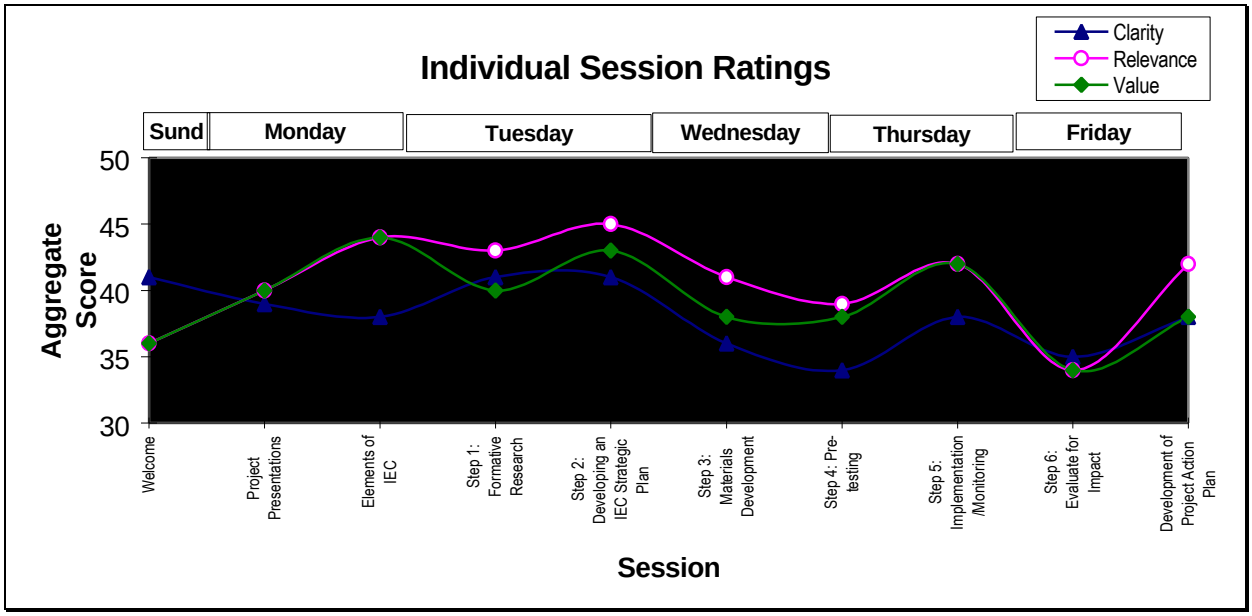
Meeting Participant Expectations

Workshop participants brought several expectations with them including to share experiences, learning methods to develop IEC materials, evaluating mechanisms to assess effectiveness, learning about informal methodologies, community diagnostic techniques, rural communication, lessons learned from other Child Survival projects, strategies to promote changes in practices and not only in health knowledge, child to child methodologies for learining, urban setting communication, and how to develop an overall IEC plan. Figure A shows how well we meet these expectations.



Sessions

Each of the ten sessions was rated by the participants based on clarity of activity, relevance to workshop topic, and value to workshop participant. The overall average score of all workshop sessions was 10.3 of a total possible score of 12. Sessions rating with a total weighted score of 10.5 or higher were: 1) Elements of IEC, 2) Step 2 - Developing an IEC Strategic Plan, and 3) Step 6 - Evaluate for Impact (note that the aggregate score is lower for step 6 as only 10 of 12 participants were present for that session).



Based on the results of this information, overall participants enjoyed most sessions that allowed them to better understand what types of results IEC can best achieve as a management tool.

Annex V
Workshop Evaluation

Workshop Evaluation Form *(also available in French)*
Friday, May 10, 1996

I. LOGISTICS

Logistical Aspect	**Poor**	**Fair**	**Good**	**Excellent**
Pre-departure communications				
Choice of workshop site				
Conference Room				
Participant's Room				
Meals provided				
Entertainment/Diversions				
Other:				

Comments on Logistics:

II. FACILITATION TECHNIQUES

Facilitation Aspect	**Poor**	**Fair**	**Good**	**Excellent**
Solid Knowledge of topic				
Management of group dynamics				
Time Management				
Clarity of explanations				

Comments on facilitation:

Methodologies	**Poor**	**Fair**	**Good**	**Excellent**
Small group work/applied learning				
Tools/matrices				
Plenary sessions (Question & Answer)				
Lecture				
Action plan development				

Comments on methodologies:

Annex V
Workshop Evaluation

III. WORKSHOP CONTENT RATINGS

SCALE: 1= POOR, 2= FAIR, 3= GOOD, 4= EXCELLENT

When	Session	Clarity of Activity	Relevance of Topic to IEC	Value to Participant	Don't Remember Session
Sunday PM	Welcome				
Monday AM	Project Presentations				
Monday PM	Elements of IEC				
Tuesday AM	Step 1: Formative Research				
Tuesday PM	Step 2: Developing an IEC Strategic Plan				
Wednesday AM	Step 3: Materials Development				
Thursday AM	Step 4: Pre-testing				
Thursday PM	Step 5: Implementation/ Monitoring				
Friday AM	Step 6: Evaluate for Impact				
Friday PM	Development of Action Plan for your project				

IV. MEETING PARTICIPANT'S EXPECTATIONS

The following is a list of expectations generated from individual workshop participants. Please check the appropriate column for each expectation (one check per expectation).

Expectations	Exceeded expectation	Met expectation	Did not meet expectation	Not an expectation of mine
1. Share experiences				
2. Methods to develop IEC materials				
3. Evaluating mechanisms to assess effectiveness				
4. Informal methodologies				
5. Community diagnostic techniques				
6. Rural communication				
7. Lessons learned from other CS projects				
8. Strategies to promote changes in practices and not only in knowledge				
9. Child to child methodologies for learning				
10. Urban Setting Communication				
11. How to develop an overall IEC plan				

Comments on expectations:

Annex V
Workshop Evaluation

V. KEY QUESTIONS

A. Overall, how do you rate this workshop? (circle one)

Poor Fair Good Excellent

B. Has your understanding of IEC improved since you participated at this workshop?

Yes No

Please explain:

C. Will you be able to share what you've learned with your project staff?

Yes No

Please explain:

D. How confident are you about your ability to implement the IEC action plan you created during this workshop over the next five months?

Not sure	Somewhat Certain	Certain	Very Certain

E. What did you like most about the workshop?

F. What did you like least about the workshop?

G. What could have been done differently to improve any part of the workshop?

H. Do you have any other comments or observations that you would like to make about this workshop (or this evaluation form)?

Annex VI
Resource List

Section 1: Sharing Information on Child Survival Projects

- CARE Child Survival Projects - Intervention Overview
- Inserts for Project Sharing

Section 2: IEC - An introduction

- David Morley, **Paediatric Priorities in the Developing World**. Chapter 3: Beliefs and Attitudes to Children's Disease.
- CARE Primary Health Care Unit, Best Practice for Quality Assurance Matrix
- JHU/CSSP, **Advances in Family Health Communication**. "The Communication Planning Process." 1994.

Section 3: Step 1: Conduct Formative Research

- JHU/CSSP, **Advances in Family Health Communication**. "Introduction to Research and Audience Analysis." 1994.
- "Health Behavior - What Makes People Change." CARE Population Unit, IEC Workshop for Asia, Fall 1995.
- AED, **Notes from the Field: Communication for Child Survival**. Moulton and Roberts, Chapter 4: Adapting tools to the field: training in use of focus group.
- Pros and Cons of Different Media, Materials and Techniques for Communications Support.

Section 4: Step 2: Developing A Strategic Action Plan

- JHU/CSSP, **Advances in Family Health Communication**. "Program Analysis." 1994.
- JHU/CSSP, **Advances in Family Health Communication**. "Target Groups." 1994.

Section 5: Step 3: Materials Development

- CARE Sierra Leone, **Health & Nutrition Education: 'small talks'**. Lessons 2-4.
- CARE Primary Health Care. PHC Newsletter: Asia Region. Vol. 2, No. 1, April 1994.

Section 6: Step 4: Pre-testing & Training

- AHRTAG, "Putting Principles into Practice" and "Continuing Education for PHC." Health Action.
- JHU/CSSP, **Advances in Family Health Communication**. "Pre-testing Message Concepts." 1994.

Section 7: Steps 5 & 6: Implementing & Monitoring Activities and Evaluation for Impact and Revising

- JHU/CSSP, **Advances in Family Health Communication**. "Program Monitoring." 1994.
- JHU/CSSP, **Advances in Family Health Communication**. "Evaluation Design." 1994.

Section 8: General Reference

- World Health Organization, "Fact Sheet: Childhood Diseases in Africa." Fact Sheet No. 109, March 1996.
- World Health Organization, "Child Care Programmes as an entry for maternal and child health components of primary health care. " Division of Family Health. WHO/FHE/95.10.
- David Jarmul, **Plain Talk: Clear Communication for International Development.** References.